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THE Pancakarma Treatment of AYURVEDA including Keraliya Pancakarma

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Dedication



Lord Ganeśa

Dedicated

to

Prof. R.H. Singh; Dean, faculty of Ayurveda, Prof. & Head Kāyacikitsā, Institute of Medical Sciences, Banaras Hindu University, Varanasi-221005, U.P., India,

My Revered Teacher

who has planted me in the field of Āyurveda. It is under his tutelage that so many insights into this great science are revealed to me and the knowledge and inspirations are constantly showered upon me.

Foreword

Āyurvedic Medicine has attracted renewed interest of medical profession at large all over the world because of its holistic approach, safe medications and a range of unique therapeutic modalities. One of such modalities is Panca Karma Therapy for which there is no parallel in the occident.

Āyurveda is one of the most ancient medical and health wisdoms of the world, its anitquity going back to the sacred Vedās. It is a codified written tradition with unbroken practice of thousands of years in India and is flourishing even today as an official system of medicine with rich acceptability by the masses. Currently there are about 5 Lakhs of registered practitioners, 3000 hospitals with 60,000 hospital beds and 10,000 licenced Āyurvedic Pharmacies actively engaged in this sector besides thousands of Āyurvedic dispensaries in the rural areas. Nearly 200 Graduate Colleges and over 50 Postgraduate Institutions and dozens of regional research centres are engaged in Āyurvedic Education and Research in this country. The education and research in Āyurveda are being controlled by autonomous councils like CCIM and CCRAS established by Acts of Indian Parliament. This huge infrastructure, although not very well organised at the moment, presents the testimony of the fact that Āyurveda is a living system of Medicine. On the other hand there has been amazing resurgence of interest about Āyurveda throughout the world and gradually Āyurveda is becoming a global scientific discipline. The globalisation of Āyurveda, its medications and other treatment modalities, concepts and principles are facing multidimensional challenges including the challenge of new Patent Regime and regulations of WTO.

On the other hand WHO and other like minded corners have

been urging for due scientific evidence for safety and efficacy of the system and its medications which warrants more and more R and D activities particularly in the therapeutic sector. Panca Karma has not remained untouched.

Āyurveda makes an unique approach to cure. The Āyurvedic Cure is a two fold strategy comprising of (1) *Sanśodhana* or Biopurification by Pancha Karma and related measures and (2) *Sanśamana* or Palliation of imbalances by appropriately planned diet, drug and life style interventions. The Āyurvedic classics describe the full range of therapeutics through *Ṣadupakramās* consisting of *Langhana – Bṛmhaṇa, Ruṣaṇa – Snehana, Swedana – Stambhana.* This classic scheme incorporates both *Sanśodhana and Sanśamana* and the popular *Panca Karma* Therapy is an off-shoot of the same.

Āyurveda conceives that the living body is made up of innumerable channels i.e. *Srotāmsi.* Caraka, the foremost authority on Āyurveda proclaims the all pervasiveness of the channels and the significance of the need of their competence — "*Srotomayaṁ Hi Śariram*". It is obvious that due to wear and tear and exposure to morbid factors the body channels loose their competence and the channels get blocked. Such a macro or micro blockade of channels leads to interruption of flow of nutrients, energies and impulses and also the bioavailability of medicaments. Such a morbid state leads in turn to pre-disease state and makes the body prone to a wide range of diseases. One of the most commonly associated biofactor which plays a crucial role in generic morbidty is hypofunctioning of *Agni* with production of a range of byproducts of *Mandāgni* categorically termed as Āma. Such Āma materials play a significant role in blockade of the channels. This is why the Acāryās proclaim — "*Rogāḥ Sarvepi Mandegna*". All such morbid situations warrant *Sanśodhana* or Biopurification as the main stay of treatment, both preventive or curative.

The *Srotas* system as depicted in Āyurveda simulate and correspond to the membrane system of the body including the cell membranes, mucosa lining the hollow organs, viscera and body cavities as well as the endothelium and the like membranous structures lining the tubular structures of the body like blood

vessels, capillaries, lymphatics, nephrons, seminiferous tubules etc. It is known that this membrane system and the entire membrane biology is responsible for the biotransport system of living body. And as such any lack of competence and blockade of the membrane system may lead to a range of morbid changes precipitating a disease. Thus the logical care for prevention of a diseases and cure lies in cleansing and biopurification of the Membrane System. The same is the theme of *Sanśodhana* in Āyurveda.

The Āyurvedic Classics described a radical method of biopurification through Five major procedures namely *Vamana* (Emesis), *Virecana* (Purgation), *Basti* (Enemata), Śirovirecana (Errhines) and *Raktamokṣaṇa* (Blood letting). These major radical purificatory procedures are performed after adequate *Purva Karma* or preparation of the patient by *Dīpana, Pācana, Snehana* and *Swedana* Procedures which are designed to restore the *Agni* (Biofire) system of the body and to push the toxins and excretables from Śākhā (cells, tissues and circulation) towards the *Koṣtha* i.e. hollow organs from where the excretables could be easily expelled out with the help of major Five Karmās. *Sanśodhana should not be done without due preparation because it may not succeed to purify the body. Similarly* after *Sanśodhana* procedure it is an important pre- requisite to subject the patient to a careful Paścāta Karma i.e. post therapy regimen also known as *Sansarjana Krama* which comprises of a specialised dietary regimen. If such a regimen is not followed, the patient may land into digestive upset after *Panca Karma.*

Besides the above Classical *Panca Karma* Therapy described in authentic Classical texts of *Āyurveda*, one may come across a simplified traditional form of *Panca Karma* prevalent in South India specially in Kerala. This so called Keralīyā *Panca Karma* is essentially a therapeutically developed form of *Purva Karma* of Classical *Panca Karma* itself where *Snehana, Swedana* and massage are the main tools. Such a *Panca Karma* is more *Sanśamana* than *Sanśodhana*. However, because of non-invasive nature the *Keralīyā Panca Karma* became popular and is flourishing well.

Thus Pañca Karma Therapy is one of the most living disciplines of Āyurveda and is based on unique approach of biopurication and biorehabilitation. It is becoming more and more popular in present times. There is a need of setting standards and guidelines for good practices of *Panca Karma* so that it can be practised all over the world through uniform standard methods in uniform indications. The Centre for Panca Karma therapy of the Faculty of Ayurveda at Banāras Hindu University, Vāransai located in North India has done pioneering work in standardising various procedures of Classical Panca Karma Therapy. This Centre has already published a Monograph, a book and a series of research papers in Scientific journals communicating the professional experiences of this leading Centre.

The present book entitled "The Panca Karma Treatment of Āyurveda (Including Karalīyā Panca Karma)" is another step in this direction which describes various aspects of Panca Karma in details. The author of this book Prof. Ajay Kumar Sharma is a senior faculty member and chief of the service at National Institute of Ayurveda, Jaipur. Prof. Sharma worked with me as postgraduate Fellow and Resident physician in my team at Banāras Hindu University nearly two decades ago and in all trueness he represents the BHU School at NIA, Jaipur. I appreciate his efforts in bringing out this useful text and wish all success for this publication.

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May 31, 2002

Contents

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Jaipur

31st May, 2002

AJAY KUMAR SHARMA

Preface

Āyurveda is the science of life. It is not merely a system of medicines but it also imparts the knowledge to masses about the art of living a healthy life without suffering from various ailments. Specialised therapies of Āyurveda while curing such diseases strengthen the immunity system in the body and thus help in the prevention of diseases and preservation as well as promotion of positive health. Diseases as prevalent today manifest themselves in such a complex manner that it becomes difficult to treat them by merely administering palliative treatment or Śamana therapy. Ācārya Caraka has specifically mentioned that the diseases / Doṣhas controlled by Sanśamana Therapy have the possibilities of reprovocation while there is no such probability in the eventuality of the control of diseases / Doṣhas treated by Sanśodhana Therapy (Pañca Karma Therapy), (Caraka Sūtra 16/20).

Pañcakarma therapy primarily aims at cleansing the body of its accumulated impurities, toxins or stagnant Malas and nourishing the body tissues (Dhātus). Once this is achieved, it becomes very easy to rejuvenate all body Dhātus and prevent the process of premature ageing. Thus life span of an individual is prolonged and he leads a disease free old age. Highlighting the effects of Sanśodhana Therapy, Ācārya Caraka has mentioned that in a person, who has undergone the purificatory regimen, the digestive power increases, his disorders disappear and his health returns to normal, senses, mind, understanding and complexion become clear & the individual acquires strength, vigour and virility. His ageing is retarded and he lives a long disease free life. (Caraka Sūtra 16/17-19).

This is unfortunate that such an important component of Āyurvedic Therapeutics is not in its full swing as on today. As a matter of fact gradually there was decline of practice of Pañca Karma Therapy due to various factors. Several myths are prevalent among masses about Pañca Karma Therapy like, Pañca Karma is an expensive and time consuming therapy with possibilities of complications. But this is not true. If a well trained and skilled person administers various procedures of Pañca Karma Therapy, there are very remote chances of complications. If at all there are any, they can be easily managed. There is no need to undergo all the Pañca Karmas (procedures) at stretch, specific Karmās (procedures) can be adopted for treating specific diseases.

The great advances that have been made in the field of Pañca Karma therapy in recent years, especially in Southern India have revolutionised the management of certain dreadful diseases with Pañca Karma procedures. A simplified form of Pañca Karma (in the form of Purva Karma of Classical Āyurvediya Pañca Karma viz. Snehana and Swedana i.e. Bahira Parimārjana) continued in traditional form in South India, especially in Kerala which is flourishing even now. But the type of Pañca Karma which is practised in Kerala is very different from classical Āyurvedika Pañca Karma Therapy. Following five therapies are enlisted as Keralīyā Pañca Karmās, although they use many other practices also–

1. Dhārā Karma
2. Pinda Sweda
3. Kāyā Seka
4. Annalepa
5. Sirolepa

On the other hand Classical Āyurvedīya Pañca Karma comprises of following five components–

1. Vamana Karma (Emesis)
2. Virecana Karma (Purgation)

3. Anuvāsana Vasti (Oil based Enemata)
4. Āsthāpana Vasti (Decoction based Enemata)
5. Nasya Karma (Errhines)

It appears that the overwhelming success of Keralīyā Pañca Karma has motivated Āyurvedic people for reviving back Classical Pañca Karma Therapy on a strong footing. Classical Pañca Karma is gaining more popularity at the global level. There is increased awareness throughout the world about the potential of Pañca Karma therapy in treating disorders like Arthritis, Spondilitis, Allergic disorders, Skin diseases, Mental disorders and many Neurological disorders. It is expected that Pañca Karma Therapy should be revived back on scientific parameters. Attempts have been made by various agencies including Central Govt. of India to revive the practice of Pañca Karma at Institutional level on scientific basis. But inspite of all these efforts, the progress in this direction is not satisfactory. Much has to be done speedily. Various Clinical Units have been established for practicing Pañca Karma on scientific parameters but only sporadic research activities have been initiated. Whatever studies have been reported uptil now, majority of them lack scienticfic methodology, they show considerable variations in the procedures, precision, quality and standards.

Although Pañca Karma Therapy of Āyurveda has enormous therapeutic potential, but it is still looking towarads various agencies for its over all development in the form of standardizing all the classical Pañca Karma procedures. The standard procedures to be adopted for different Pañca Karma procedure, the medicaments to be used with their standard dosage, specific indications and contraindication and other relavent factors are to be standarized so that an uniform schedule of practice may be developed to be practised at all centres for obtaining uniform results. Data based and evidence based studies are needed to elevate the status of classical Āyurvedic Pañca Karma Therapy through out the world. This is most challenging task for all of us. We are also conducting therapeutic trials on Pañca Karma

procedures at Nationa Institute of Āyurveda, Jaipur for treating various diseases. Our studies conducted so far on Purva Karmās and Pradhāna Karmās of Pañca Karma Therapy have been reproduced in the present book.

A few years back, I happened to visit Kerala for attending a National workshop on Pañca Karam Therapy. I visited many Pancha Karma centres there. I was pleasantly surprised to witness the popularity of this specialised therapy of Āyurveda there. I got the inspirations from Kerala to develop and upgrade the Pañca Karma Unit of P.G. Deptt. of Kāyachikitsā, National Institute of Ayurveda, Jaipur. Luckily I got the chance to work in the capacity of Professor and Head of the P.G. Deptt. of Kāyachikitsā including Panca Karma, N.I.A. Jaipur. I took the initiative and I was ably supported by my departmental colleagues, M.D. (Ay.) & Ph. D. scholars and the staff of Pañca Karma Unit. I received every possible cooperation and encouragement from our worthy Director Prof. B.L. Gaur. As a result, as on today we have a well reputed and well established Pañca Karma Centre of National repute at National Institute of Ayurveda, Jaipur.

My post graduate students have been inspiring me to bring out a book on Pañca Karma Therapy in English, covering all literary review along with latest developments in the concerned subject. I am happy to present this book on Pañca Karma Treatment of Āyurveda to the prospective readers. It is hoped that this book will interest the Students, Scholars, Researchers and Practitioners interested in classical and traditional practices of Āyurveda with scientific temper.

In this book I endeavour to present the first hand knowledge about the Pañca Karma Therapy. The purpose of this endeavour is to introduce this important therapy to students, scholars, researchers, foreigners and to make it aceessible to the English knowing world. The classical facts about the Pañca Karma Therapy available in various Āyurvedic Treaties have been compiled, rearranged and reoriented to make it more practicable. The book reviews the ancient classical concepts, traditional practices and recent advances made in this important field.

The book contains twelve Chapters. First two chapters deal with general introduction to Āyurveda, Kāyachikitsā and Pañca Karma Therapy. Third and fourth chapters are devoted to Purva Karmās and their discussion i.e. Snehana and Swedana Karma respectively. Chapter No. five to nine present the discussion of Pradhāna Karmās i.e. Vamana, Virecana, Vasti, Nasya and Rakta Mokṣaṇa in separate chapters on each Karma. Tenth chapter deals with classical concepts of Keralīyā Pañca Karma. Details of some important instruments used in Pañca Karma Therapy have been given in chapter eleven. Chapter no. twelve contains a comprehensive list of disease wise indications and contraindications of Pañca Karma Therapy. The Book also contains a Glossary of terms. Important terms used in this book have been explained and their meanings are given in very simple words to make it more convenient for readers to understand the subject matter clearly. A Bibliography of references is included in the end, in order to facilitate the work of scholars who are interested in Pañca Karma Therapy.

A number of photographs and illustrations are given at appropriate places through out the book to make it more beneficial for the readers.

Opinions and suggestions to improve the book are welcome.

Jaipur — AJAY KUMAR SHARMA

31st May, 2002

List of Illustrations

Table of Weight and Measure Described in Āyurvedic Classic and Their Metric Equivalents Adopted by the Ayurvedic Pharmacopoeia Committee, Govt. of India, Ministry of Health & Family Welfare, Deptt. of I.S.M. & H., New Delhi.

The following Tables of Metric Equivalents of Weights and Measures, Linear Measures and Measurements of time used in the Āyurvedic Classics have been approved with Indian Standards Institution.

I. Weights and Measures

1 Raktikã or Guñjã		= 125 mg.
8 (Raktika)	= 1 Mãṣã	= 1 g.
3 Mãṣã	= 1 Sãṇa	= 3 g.
4 Mãṣã	= 1 Ṭaṇka	= 4 g.
1 Dharana		= 4.8 g.
2 Śãṇa	= 1 Kola	= 6 g.
2½ Dharaṇa	= 1 Karṣa	= 12 g.
12 Mãṣã	= 1 Karṣa (Tolã/Akṣa/ Picu/Tolak)	= 12 g.
2 Karṣa (Tolã)	= 1 Sukti	= 24 g.
2 Sukti	= 1 Pala (4 Karṣa or Tolã)	= 48 g.
2 Pala	= 1 Prasṛati	= 96 g.
2 Prasṛati	= 1 Kuḍava	= 192 g.
2 Kuḍava	= 1 Mãnika	= 384 g.
2 Mãnika	= 1 Prastha	= 768 g.
4 Prastha	= 1 Ãḍhaka (Pãtra)	= 3 kg. 72 g.

4 Ãḍhaka	= 1 Droṇa	= 12 kg. 288 g.
2 Droṇa	= 1 Sũrpa	= 24 kg. 576 g.
2 Sũrpra	= 1 Droṇī (Vaha/Ghata)	= 49 kg. 152 g.
4 Droṇī	= 1Khãri	= 196 kg. 608 g.
100 Pala	= 1 Tulã	= 4 kg. 800 g.
20 Tulã	= 1 Bhãra	= 96 kg.

In the case of liquids, the metric equivalents would be the corresponding litre and mililitre.

II. Linear Measures

Classical Unit		*Inches*	*Metric Equivalents*
1.	Yavodara	1/8 of 3/4"	0.24 cm.
2.	Aṅgula	3/4"	1.95 cm.
3.	Vitasti	9"	22.86 cm.
4.	Aratni	16½"	41.91 cm.
5.	Hasta	18"	45.72 cm.
6.	Nṛpahasta (Rãja hasta)	22"	55.88 cm.
7.	Vyãma	72"	182.88 cm.

III. Measurement of Time

Unit			*Equivalent (In Hours, Minutes and Seconds)*
2	Kṣaṇa	= 1 lava	
2	Lava	= 1 Nimeṣa	
3	Nimeṣa	= 1 Kãṣṭhã	= 4.66 Seconds
1	Ghaṭī		= 24 Minutes
30	Kãṣṭhã	= 1 Kalã	= 2 Minutes 20 Seconds
20	Kalã + 3 Kãṣṭhã	= 1 Muhũtra	= 48 Minutes
1	Yãma (Prahara)		= 3 hours
30	Muhũrta	= 1 Ahorãtra	= 24 hours
15	Ahorãtra	= 1 Pakṣa	= 15 days
2	Pakṣa	= 1 Mãsa	= 30 days
2	Mãsa	= 1 Ṛtu	= 60 Days/Two Months
3	Ṛtus	= 1 Ayana	= 6 Months
2	Ayana	= 1 Saṁvatsara	= 12 Months/One Year
5	Saṁvatsara	= 1 Yuga	= 5 years
1	Ahorãtra of Devãs		= 1 years
1	Ahorãtra of Pitarãs		= 1 years

KEY TO TRANSLITERATION

अ a	आ ā	इ i	ई ī	उ u
ऊ ū	ऋ ṛ	ए e	ऐ ai	ओ o
	औ au	अं aṁ	अः ah	
क् k	क kd	ख् kh	ख kha	ग् g
	ग ga	घ gha	ङ. ña	
च ca	छ cha	ज ja	झ jha	ञ ṇa
ट ṭa	ठ ṭha	ड ḍa	ढ़ ḍha	ण ṅa
त ta	थ tha	द da	ध dha	न na
प pa	फ pha	ब ba	भ bha	म ma
य ya	र ra	ल la	व va	श śa
ष ṣa	स sa	ह ha	क्ष kṣa	त्र tra
		ज्ञ jña		

Chapter 1

General Introduction

Āyurveda is the science of life. It deals with various aspects of healthy living and various remedies to be adopted in diseased conditions. Āyurveda has following two main objectives:

1. To maintain and promote the positive health of healthy individuals

2. To cure the disease of diseased ones

In Āyurveda more emphasis has been laid down on preservation of sound health. Āyurveda is widely acknowledged as one of the world's oldest systems of health. It is not just a health care system but a complete approach to healthy living. The human body is composed of five basic elemental substances, namely –

1. Ākāśa

2. Vāyu

3. Teja

4. Jala

5. Pṛthivi

Various Ācāryās and Rishis after keen observations established a scientific corelativity between human life and cosmic life. According to "Puruś-loka sāmya siddhānta" human body represents cosmos in many ways. Formation of both human body and cosmos are from Pāncabhautika Tatva. These five elements constitute three essential components of living body termed as "Tridoṣas", viz. Vāta, Pitta and Kapha.

Vāta is supposed to be dominant in the functions and is believed to be the leader of the three Doṣas. These three Doṣas are responsible for constitutional set up of an individual known as Doṣa-Prakṛti. Prakṛti is the psychosomatic constitution of an individual. According to the predominance of one or the other three Doṣas in the body composition Prakṛti may be classified to be of three types, namely,

1. Vātika Prakṛti
2. Pittaja Prakṛti
3. Kaphaja Prakṛti

Depending upon the combination of two Doṣas the Prakṛti can be further subdivided in to three Dwandaja Prakṛti, viz.

1. Vāta Pittaja Prakṛti
2. Vāta Kaphaja Prakṛti
3. Pitta Kaphaja Prakṛti

When the manifestations of three Doṣika Prakṛti are found in an individual it is termed as Sama Dhātu Prakṛti - (Caraka Vimāna 8/94).

DOṢA PRAKṚTI (ŚARIRA PRAKṚTI)

(Psychosomatic Constitution)

Eka Doṣaja	*Dwi Doṣaja*	*Tri Doṣaja*
1. Vātika	1. Vāta Pittaja	Sama Dhātu Prakrti
2. Pittaja	2. Vāta Kaphaja	
3. Kaphaja	3. Pitta Kaphaja	

Similarly three Mānasa Doṣas are also present in each individual which are mainly responsible for mental make up or Mānasa Prakṛti of that individual. There are sixteen types of mental constitutions (Mānasa Prakṛti) as shown below (Caraka Śarira 4/36) –

MANASA PRAKṚTI

(Mental Constitution)

Sātvika	*Rājasa*	*Tāmasa*
1. Brahma	1. Āsura	1. Paśu 2.
2. Arṣa	2. Rākṣsa	2. Mātsaya
3. Endra	3. Paisaca	3. Vānaspatya
4. Yamya	4. Sarpa	
5. Vāruna	5. Preta	
6. Kober	6. Śākuna	
7. Gandharva		

It is important to note that according to Āyurveda all the living individuals can be categorised on the basis of these classifications. Specific Doṣa predominant Prakṛti is to be considered while promoting the health of an individual and preventing and treating a particular disease.

As described earlier that human life is part and parcel of nature which is comprised of five Mahābhūtās or cosmic elements. These Pañcamahābhūtās essentially constitute all human beings and various universal things of physical existence, whether of animate or inanimate origin. Important properties of respective Pañcamahābhūtās are described below –

1. *Ākāśa Mahābhūta* – The substances predominant of Ākāśa Mahābhūta are soft, light, subtle, smooth and dominated by qualities of sound. They promote softness, porosity and lightness.
2. *Vāyu Mahābhūta* – The substances having predominant Vāyu Mahābhūta are light, cold, rough, non-slimy, subtle and possessing high qualities of touch. They promote roughness, movement, non-sliminess and lightness.
3. *Teja Mahābhūta* – Tejas dominated materials are sharp, light, non-unctuous and have dominant qualities of vision. They promote combustion, metabolism, lusture and the colour of the skin.

4. *Jala Mahābhūta* – Substances that are liquid, unctuous, cold, soft, slimy and dominant in the qualities of taste are said to be dominated by the Jala Mahābhūta. They promote stickiness, unctuousness, compactness, moistness and softness.

5. *Pṛthivi Mahābhūta* – Substances having the properties of being heavy, rough, hard, dull, non-slimy, dense, gross and dominating in the quality of smell are dominated by Pṛthivi Mahābhūta. They promote plumpness, compactness, heaviness and stability.

It is to be kept in mind that while treating a patient on Āyurvedic principles the Pañcabhautika constitution of the patient and Pañcabhautika composition of the drug should match each other in such a way that the disease is not precipitated after administration of the drug.

According to Āyurveda the human body is composed of seven Dhātus or seven basic Tissues which are termed as Rasa, Rakta, Māmsa, Meda, Asthi, Majjā and Śukra Dhātu. According to Āyurvedic physiology when an individual consumes Āhāra (diet) it is processed in the gut and is transformed into first Dhātu named as Rasa Dhātu. A part of Rasa Dhātu after maturation (bio-physiological reactions during digestion) is transformed in to next Rakta Dhātu. Same process continues in the formation of respective Dhātus untill the last Dhātu i.e. Śukra Dhātu is obtained. All these tissues or Dhātus get their nutrition through their precursor Dhātu or directly from Poṣaka (nourishing) Rasa. One of the important principles of management of the disease on Āyurvedic principles is the maintenance of all these seven Dhātus in a good state.

It is important to understand that when a vitiated Doṣa intermixes with these respective Dhātus to produce abnormal Dhātus then these vitiated Dhātus are termed as Duṣyās, which are the seat of different types of diseases.

When either of these seven Dhātus is vitiated due to some reason then vitiated Dhātus are not in a position to maintain

the health of an individual. On the contrary they produce ill health in the form of a particular disease. At this stage Dhātus are said to act as Mala (toxin) as they produce Malinatā (toxicity) in the body. It is important to understand that there are three types of Malās described in Āyurveda viz. Mala (Puriṣa - faecal matter), Mutra (urine) and Sveda (sweat). It is vitally important to maintain a harmony in Doṣās, Dhātus and Malās to maintain normal health of an individual.

There is an intimate relationship between an individual and all aspects of his or her environment. Seasonal changes and climatic conditions produce important effect on the health of masses. If one can recognise and respond to these environmental changes, he or she will be in a better position to maintain a functional homeostasis, an ideal equilibrium of Doṣas with in the body.

Other factors which play an important role in the prognosis of a particular disease include Deṣa, Bala, Vaya, Satva, Sātmya, Āhāra and Rogāvasthā of the disease and individual respectively. If a patient has good immunity with poor Bala (potency) of the disease then the prognosis is good. Similarly if a patient is of young age (Vaya), having Pravara Satva (better tolerance), consuming balanced diet (Āhāra) with a minor infection (Rogāvasthā) then the prognosis of the disease is good.

Concept of Agni

Another important factor that governs the basic physiological activities of body is the concept of Agni. The term Agni comprehends various factors which participate in and direct the course of digestion and metabolism in a living organism. Agni can be classified under three heads –

1. *Kāyāgni or Jātharāgni* :

It is the master Agni, which regulates and governs tissue metabolism all over the body. It is mainly concerned with chemical processes involved in gastro-intestinal digestion.

Jāṭharāgni controls and regulates other two types of Agni.

2. *Bhūtāgni* :

They are five in number, respresenting each Mahābhūta namely – Pṛthivi, Jala, Teja, Vāyu and Ākāśa. These Agnis are under the control of Jāṭharāgni for performing their respective functions. Bhūtāgnis are supposed to be situated in liver which help in bio-transformation of complex food molecules into simple molecules.

3. *Dhātvāgni* :

These are seven in number. Each Dhātu has its on respective Dhātvāgni. These Agnis are also controlled and regulated by Jāṭharāgni for performing various functions. These Agnis are situated at the cellular level in the form of various hormones and enzymes. These are responsible for maintaining various active metabolic activities at cellular level. Various Dhātvāgnis are termed as Rasāgni, Raktāgni, Mānsāgni, Medogni, Asthyāgni, Majjāgni and Śukrāgni or Ārtavāgni.

Functional States of Agni –

Four kinds of functional states of Agni, according to Doṣās which may influence it has been described –

1. *Mandāgni* – It is the result of dominance of Kapha Doṣa which is unable to digest and metabolise even a small quantity of otherwise easily digestible food.

2. *Tīkṣṇāgni* – It is due to the influence of Pitta Doṣa. It easily digests even a very heavy meal in a very short span of time. It may cause voracious hunger. It may lead to parched throat, palate and lips, heat and other discomforts.

3. *Viṣamāgni* – The influence of Vāta Doṣa leads to Viṣamāgni. In this case the action of Agni is irregular. It some times helps in the process of complete digestion and at other times produces distention of abdomen, colicky pain, constipation of the bowels, dysentry, ascitis and loose motions etc.

4. *Samāgni* – Normally equilibrated Doṣas represent the normal states of the functioning of the Agni termed as Samāgni.

A decrease of Kāyāgni below the normal results in an increase of the Dhātus while an increase of it above the normal results in decrease of the Dhātus. Mandāgni (hypofunctioning of Agni) is considered as a root cause of majority of diseases. It results in the formation of "Āma Doṣa", which is unripe, uncooked, undigested and improperly metabolised food, which is unwholesome to the body. Presence of Āma Doṣa at Jātharāgni level or cellular level may lead to Srotāvarodha or Srotosanga which in turn may play an initiating role in the pathogenesis of various diseases.

Āyurvedic Concept of disease process

According to Āyurveda a Vyādhi or disease is the state in which body and mind are subjected to pain and grief. In the surrounding atmosphere various types of pathogenic organisms are always present but all of us are not exposed to various disorders. This is largely because of the body resistance or immunity of the body which prevents us from the attack of various invading organisms. There may be a variety of causative factors of a disease but the actual intrinsic factors which get vitiated and imbalanced to precipitate the disease are the three Doṣas viz. Vāta, Pitta and Kapha. The modern concept of aetiological factors of disease is different from the concept of Āyurveda in this regard. Various microorganisms, bacteria and viruses are essential causative factors for different diseases. As a matter of fact these micro-organisms vitiate the basic components of our body i.e. Tridoṣās – Vāta, Pitta & Kapha. Although these three Doṣas are essential constituents of the body but these Tridoṣās tend to get vitiated and imbalanced leading to vitiation of other constituents of body resulting in the precipitation of a disease. The same Doṣās in the state of normacly or equilibrium support the body and therefore they are considered in the category of Dhātus.

Similarly even the Malās under the state of equilibrium maintain and support the body. Thus it is very clear that the Doṣās, Dhātus and Malās in a state of normalcy and their equilibrium provide the foundation of the body by keeping it hale and hearty.

Depending upon the underlying causes Vyādhi or disease is classified in a number of ways in Āyurvedic system of medicine. According to the most common classification of Vyādhi or disease they may be of following three types (Suśruta Sutra 24/4) –

1. *Ādhyātmika Vyādhi* – They have some psychosomatic basis of the disease.
2. *Ādhibhotika Vyādhi* – These are produced due to several environmental factors.
3. *Ādhidaivika Vyādhi* – These are produced due to certain divine factors.

Ācārya Suśruta has classified Vyādhi or disease in following seven types (Suśruta Sutra 24/5-7) –

1. *Ādibala Prāvṛtta* – These are termed as heriditary diseases. These type of diseases occur due to inherent defects in the Śukra Dhātu (sperms) or the Bīja Doṣa (ovum). Examples, Kuṣtha, Arṣa, Prameha.
2. *Janmabala Prāvṛtta* – These are also called congenital diseases which are present since birth due to undesirable actions of mother during pregnancy. Examples, Badhirtā, Mūktā and Pangūtā etc.
3. *Doṣabala Pravṛtta* – These diseases occur due to vitiation of Śarīrika and/or Mānasika Doṣas caused due to faulty Āhāra, Vihāra and Ācāra. These diseases can be either (I) Śarīrika (Somatic) (2) Mānasika (Psychic). Examples, Pratiśyāya, Kāsa, Unmāda and Apasmāra etc.
4. *Sanghātabala Pravṛtta* – These diseases arise as a result of

different types of Abhighātās or traumas like various types of internal and external injuries. Examples, fractures.

5. *Daivabala Pravṛtta* – These are the diseases caused by divine factors and are beyond the control of men. Examples, accidents, electric shock etc.
6. *Kālabala Pravṛtta* – Diseases occuring due to various seasons (Ṛtus) are included under this group. Examples, diseases occuring due to winter, summer or rainy seasons.
7. *Sabhāvabala Pravṛtta* – These include the diseases due to natural changes in the structure and functions of the body and mind. Examples, Ageing, Death, Hunger, Thirst etc.

Ācārya Caraka has described two types of Vyādhi on the basis of their prognosis –

(A) Sādhya

1. *Sukha Sādhya* – Diseases which are easily curable, do not produce any complications and patient regains health after the treatment are included under this group. (Caraka Sutra 10/11-14).
2. *Kṛchra Sādhya* – This group of diseases are curable but require lot of efforts on the part of the treating physician (Caraka Sutra 10/15, 16).

(B) Asādhya

These diseases are uncurable. These are of two types –

1. *Yāpya* – The patient has to continue the treatment for a long time. The moment the treatment is stopped there is recurrence of the disease.
2. *Pratyākhyeya* – The attendants of the patient are explained in frank words about the poor prognosis of the disease.

Depending upon the presence or absence of Āma Doṣa Vyādhi or disease is described to be of two types (Aṣtanga Hṛdaya Sutra 13/26) –

1. *Sāma Roga* – Diseases having Āma Doṣa as aetiological factor. Examples, Āmātisāra, Āmājīrna.
2. *Nirāma Roga* – Diseases occuring as a result of absence of Āma Doṣa. Examples, Raktapitta, Kāsa Roga.

Although various other classifications of Vyādhi or disease are described in different Āyurvedic classics but these diseases are included under these classifications mentioned above.

Although there are several aetiological factors for precipitation of disease but they can be grouped together under following three heads –

1. *Pragyā Aparādha* – Mistakes committed at the level of intellect.
2. *Asātmya Indriyārtha Samyoga* – Mistakes committed by injudicious use of senses i.e. inadequate or excessive use of various sense organs.
3. *Pariṇāma* – As a result of extreme seasonal variations.

1. *Pragyā Aparādha* – (The mistakes committed at the level of intellect) - All human beings are blessed with a specialised power of reasoning, thinking and analysing good or bad things for them. This power is termed as "INTELLECT". Because of the presence of intellect one has got the power of reasoning. It is important to understand that because of the defective thoughts at the level of intellect one becomes identified with one's limitations rather than with one's unlimited potential. This situation creates lot of stress over the mind and body because of fundamentally false relationship developed towards life. If this stressful situation continues for a long time it results in the gradual loss of "Satva Guṇa" in the mental make up of that individual. As the influence of Satva Guṇa diminishes, there is a gradual decline of power of discrimination and judgement. It leads to various mistakes or faulty judgements on our part. These errors involve

choices in behaviour, eating and day to day activities which do not support the natural balance between the Doṣās in our body and the elimental principles that govern our environment.

Such injudicious decisions/actions of our body create disharmony with the natural laws that govern us. In very simple words we start committing various mischieveous activities against ourselves. When we create disharmony or imbalance in our relationship with nature, we simultaneously create internal disharmony, with a particular disease being the natural consiquence.

When the intellect ceases to indentify with wholeness, the mind becomes weak and makes various choices which are harmful for us resulting in ill health. For example, all of us know that smoking and telling a lie are harmful for us, but many of us indulge in these activities inviting various problems which is "Pragyā Aparādha".

2. *Asātmya Indriyārtha Samyoga* (Mistakes committed by injudicious use of senses) – Constant indulgence in Pragyā Aparādha leads to imbalance in the Doṣika equilibrium in our body. As a result the harmony of Tridoṣa i.e. Vāta, Pitta, Kapha and Mānasa Doṣas i.e. Satva, Raja and Tama is lost. As a result the individual starts using his senses injudiciously. Inadequate, excessive or improper use of various sense organs continuously leads to precipitation of different diseases. In very simple words Asātmya indriyārtha Samyoga means the use of sensory organs in a harmful way. Sensory abuse disables their functional protective capacity and, consiquently, permits harmful influences to impact the mind and body. The influence of Satva Guṇa over mind is further waned out resulting in Doṣika imbalance in the body and ultimately precipitation of disease process in the body.

3. *Pariṇāma* (As a result of extreme seasonal variations) – As result of indulgence in Pragyā Aparādha and Asātmya

Indriyārtha Samyoga, there is significant Doṣika imbalance in the body. As a result the body is not in a position to adjust even with minor seasonal variations occuring in nature. If there is excessive, inadequate, improper or sudden fluctuation in various seasons, the weakend body due to above factors is not in a position to cope up with such changes in the environment or nature. As a result one falls sick. For inability to adapt to seasonal changes the term "PARIṆĀMA" is being used which means "the effect of the elements on the body".

Pragyāparādha is supposed to be the chief cause of diseases but all these three factors may generate discord between the bhūtās governing the physiology of nature and the Doṣās governing individual's physiology. When the rhythms of individual's life do not align with the cycles of nature stress, weak digestion and Doṣika imbalances inevitably result leading to various psychosomatic disorders.

The Concept of Ṣata Kriyā Kāla

(Six stages of disease manifestation)

Āyurveda has elaborated a specific concept of Ṣata Kriyā Kāla for the evolution of a disease. According to this concept the vitiated Doṣās pass through six stages respectively before a full established disease is manifested in the human body. In the modern system of medicine two stages in reference to evolution of disease are mentioned –

1. First stage (Stage of detection of the disease) –

   Distinguishable symptoms begin to manifest of a particular disease.

2. Second stage (Stage of complications) –

   In the stage of complications the disease is so advanced that it affects other parts of the body. This stage is mostly irreversible.

In Āyurveda, it is elaborated that for evolution of a particular disease, the vitiated Doṣas have to pass through six following stages before manifestation of the disease viz. Sancaya, Prakopa, Prasara, Sthāna Sanśrya, Vayaktāvasthā and Bhedāvasthā. The detection and complications of the disease comprise the last two stages.

The concept of Ṣata Kriyā Kāla is an unique concept of Āyurveda. The importance of Ṣata Kriyā Kāla is the understanding of the different Kriyā Kālās in reference to early diagnosis of the disease, determination of the prognosis and for administration of preventive or curative measures in the management of a particular disease. The literary meaning of the term Kriyā Kāla is the period of taking action meaning there by the recognition of the actual stage of the disease and administration of appropriate treatment. The knowledge of Ṣata Kriyā Kāla enables the treating physician to decide the course of action for arresting the progress of the disease. Out of these six stages first three stages viz. Sancaya, Prakopa and Prasara are physiological stages of evolution of a disease. Various changes occurring in the body in these three stages are reversible and the situation can be controlled easilly by simple control of diet (Āhāra), Vihāra and administration of simple drugs. On the other hand various changes taking place in the body in last three stages viz. Sthāna Sanśraya, Vyaktāvasthā and Bhedāvasthā are pathological in nature. Doṣa Duṣya Sammūrcanā takes place during last three stages. The changes are irreversible and since the disease manifests in its full strength in last three stages therefore drastic measures are to be adopted for the control of the disease.

1. *First stage of Sancaya*

It means that in the evolution of a disease there is an increase and accumulation of Doṣa in its own place. This stage is marked by vague manifestations. It is a period of accumulation of Doṣās at their own places leading to manifestation of very mild symptoms of concerned Doṣa. No particular remedy is needed in this stage because the manifested

symptoms tend to disappear with in a short-time (may be with in a few hours).

Appearance of vague symptoms signal physiological imbalance of the concerned Doṣa in the body. If an individual recognises these symptoms and tries to resolve them with simple measures then the symptoms disappear with in a very short time and the individual starts feeling better again. On the other hand if we ignore or supress them, we invite the disease process in our body. A person feeling heaviness in abdomen, indigestion, belching or flatulance due to some heavy meal can get rid of these symptoms merely by skipping the next meal.

2. *Second stage of Prakopa*

In the stage of Prakopa or excitation the accumulated Doṣās get excited by particular causes and start spreading over other parts of the body. This stage witnesses the symptoms of the disease specific to Doṣa involved. Patient is sick. As a matter of fact the stage of Prakopa is the stage of "aggravation" or "provocation" of the manifestations of specific Doṣa. If dietary and behavioural restrictions are made in the day to day activities of the concerned patient, the stage is reversible and the patient returns to normal with minor efforts.

3. *Third stage of Prasara*

This stage indicates the precipitation or excitation or aggravation of the vitiated Doṣa. The prakupita Doṣa spreads to the other parts of the body. This precipitation or aggravation or excitation of the Doṣa to other parts of the body is carried out by Vāta Doṣa, being responsible for hyperactivity and mobility. If prakupita Doṣa is not aggravated considerably then it may limit itself to the respective part of the body. In contrast if the prakupita Doṣa is aggravated or provocated actively it may spread to adjoining areas. The stage of Prasara is the stage of migration or the stage of spreading of the Doṣās from its site of origin due to overflow of it in adjoining areas. Restrictions on diet, activities and a few simple medicines may

be required to check the progress of disease in this stage.

4. *Fourth stage of Sthāna Sanśraya*

This stage can be recognised with the prodromal features of the developing disease entity. By this stage the vitiated Doṣa spreads to different parts of the body or concentrates itself in specific areas (organs) to produce the specific prodromal features of a disease. If the prakupita Doṣa is located in Udara Pradeṣa (Abdomen) it may manifest in the form of Gulma, Atisāra or Visūcika. When the prakupita Doṣās pervade the whole body, it may manifest in the form of various systemic disorders i.e. Sarvānga Roga e.g. Jwara or Pyrexia.

5. *Fifth stage of Vyaktāvasthā*

This is the stage of Doṣa – Duṣya Sammūrcanā i.e. interaction of Doṣās and Duṣyās manifesting in the form of full fledged disease. Specific name is given to the group of symptoms in the form of clinical manifestations of a particular disease. The disease process overcomes the body's immunity and healthy functioning. Structural damage and dysfunction of the specific body parts point to the site where illness is active. In this stage the disease is manifested in full form. Specific treatment is needed in this stage to treat the disease. Dietary restrictions along with śamana and śodhana therapy control the disease. If the disease is not properly treated or if the patient does not stick to the advice of the treating physician, the clinical condition may deteriorate and the disease of the patient may pass on to the next stage of Bhedāvasthā.

6. *Sixth stage of Bhedāvasthā*

If the progress of the disease is not checked by proper management the disease may pass on to the sixth stage of the Kriyā Kāla i.e. Bhedāvasthā, which is the stage of complications. In this stage the disease runs a chronic and complicated form. This stage is characterised by severe impairment of Dhātu functions, serious damage to the Srotās

(Micro-circulatory channels) and complications involving related Dhātus. It is important to remember that various side effects or toxic effects of the drugs used for treating the disease may complicate the picture. Due to precipitation of various complications of the disease in this stage it becomes difficult to cure it completely. Example- A Vṛana (abscesṣ) may pass on the stage of Bhedāvasthā and burst to take the shape of chronic ulcer.

The concept of Ṣata Kriyākāla elaborates distinctly and specifically various measures to be adopted to control, prevent or treat a particular disease in a particular Kriyā Kāla.

Introduction to Principles of Treatment

While treating a disease on Āyurvedic principles it involves a number of factors. A critical and comprehensive consideration of factors like - Doṣa, Duṣya, Dhātu, Mala, Deṣa, Bala, Kāla, Agni, Prakṛti, Vaya, Satva, Sātmya, Āhāra, Pañcamahābhūta, Vyādhi, Kriyākāla and the therapy to be employed, is an essential part of the Āyurvedic management of a disease. Following factors are equally important for deciding the Āyurvedic line of management of a particular disease.

Kāyacikitsā

Kāyā means body, mind or Agni. Cikitsā means treatment procedures.

Thus Kāyacikitsā is a term which denotes treatment of diseases in relation to Kāyā (body). According to the principles of Āyurveda most of the diseases occur due to defects of Agni or metabolism. Thus Kāyacikitsā deals with the treatment of diseases arising due to disturbed metabolism. The term Kāyā represents the body in which Doṣa, Dhātu and Mala are accumulated. According to this definition Kāyacikitsā means the methods, remedies or medicines used to maintain the equilibrium of Doṣa, Dhātu and Mala in physiological limits in a living body.

Important Types of Cikitsā

Cikitsā can be divided into various groups according to various Ācāryās. Cikitsā has been classified in to different groups depending upon various factors. Following are a few important types of Cikitsā (treatment procedures) –

1. *Nidāna Parivarjana* – To remove the causative factors.

2. *Two types*

   (1) *Naiṣthiki Cikitsā* – For attaining Mokṣa.

   (2) *Ācāra Rasāyana* – For health promoting by observing various ethical codes and conducts of behaviour.

3. *Two types*

   (1) *Dravyabhūta* – By using various substances (dravyās).

   (2) *Adravyabhūta* – By using various Mantrās and pious activities.

4. *Three Types*

   (1) *Satvāvajaya Cikitsā* – By recommending śatvika diet, practising meditation and Yoga.

   (2) *Daivavyapāśraya Cikitsā* – By Maṇi, Mantra, Homa Yajña, donations etc.

   (3) *Yuktivyapāśraya Cikitsā* – Judicious use of herbomineral drugs and śhodhana therapy.

5. *Two types* (Ṣada Upakrama)

   (A) *Langhana*

      1. *Langhana* (Fasting)
      2. *Svedana* (Sudation)
      3. *Rukṣaṇa* (Drying, Dehydrating)

   (B) *Bṛmhaṇa*

      4. *Bṛmhaṇa* (Tonification, Anabolising)

5. *Snehana* (Oleation)

6. *Stambhaṇa* (Astringent, Retaining)

6. *Two Types*

(1) *Śodhana* – Purification (Pañcakarma)

(2) *Śamana* – Palliation (Seven types)

7. *Two types*

(1) *Sāma* – Hot and penetrating herbs and metalic oxides are used.

(2) *Nirāma* – Pacana drugs are used.

8. *Two types*

(1) *Santarpaṇa* – It is indicated in diseases due to less tissue content (Apatarpanotha diseases).

(2) *Apatarpaṇa* – It is indicated in the disease due to excess production of tissues (Santarpanotha diseases).

9. *Two types*

(1) *Rasāyana* – For revival, revitalisation and regeneration of good quality Dhātus. For preventing from premature ageing and prevention from diseases.

(2) *Vājikaraṇa* – For improving the quality of progeny i.e. for improving sexual power.

10. *Three types*

(1) *Antaha Parimārjana* – By administration of herbs and other medicines.

(2) *Bahya Parimārjana* – By application of pastes and massage (Abhyanga) etc.

(3) *Śastra Praṇidhāna* – i.e. surgical treatment for surgical disorders.

11. *Three types*

(1) *Hetu* – *Viprīta* – i.e. against the aetiological factors.

(2) *Vyādhi – Viprīta* – i.e. against the disease itself.

(3) *Hetu Vyādhi – Viprīta* – i.e. against the aetiological factors and diseases both.

12. *Three types*

(1) *Apakarṣana* – It means to remove by force.

(a) *Bāhya Apakarṣana* – Surgical removal of tumor etc.

(b) *Ābhyāntara Apakarṣana* – Removal of vitiated Doṣas with the help of Pañcakarma Therapy.

(2) *Prakṛti Vighāta* – It means to break the pathogenesis by means of either external applications or by giving internal medicines.

(3) *Nidāna Parivarjana* – Avoiding the aetiological factors of the disease.

Assessment of the success of the treatment

Above mentioned methods of treatment are employed under different circumstances. In addition certain important factors like Prakṛti (Constitution), Vaya (Age), Sātmya (Adaptability), Status of the Doṣās, Agni, Srotāsa and Ojus of the patient are to be taken in to consideration. The specific medicines, their dosage and modes of administration are suitably selected in each individual case depending upon such relevant factors.

The degree of success of treatment can be measured or assessed on following parameters –

1. Degree of relief in the severity of pain.
2. Improvement in the quality of voice and skin texture.
3. Improvement or maintenance of normal body weight.
4. Degree of improvement in strength, vigour and vitality.

5. Improvement in the status of Agni in the form of improved appetite.
6. Qualitative improvement in the digestion, absorption and assimilation of food in the body.
7. Sleep pattern.
8. Proper elimination of urine, faeces and flatus.

Cikitsya Puruṣa

In Āyurveda living person is called as Cikitsya Puruṣa, who is composed of Pañcamahābhūtās and Ātamā (Soul). This Cikitsya Puruṣa is also termed as Ṣada Dhātuja Puruṣa (Caraka Sutra 1/16). The terms like Karma Puruṣa or Sthūla Puruṣa are also used as synonyms for Cikitsya Puruṣa i.e. the person who is to be treated.

In Sānkhya Darśana it is stated that Puruṣa has neither form, nor size nor shape and is pure consciousness. The creation of the universe takes place only when this Puruṣa combines with Prakṛti (nature). Ācārya Caraka has termed this Puruṣa as "Caturvinśatika Puruṣa" or "Rāśi Puruṣa" (Caraka Śarīra 1/63, 64).

In Śarira sthāna Ācārya Caraka has mentioned "Eka Dhātuja Puruṣa" meaning soul or only consciousness (Caraka Śarīra 1/16).

Chapter 2

General Introduction to Pañcakarma Therapy

Āyurveda is the science of life. Basic approaches of Āyurveda include—

1. Maintenance of Positive health of healthy individuals
2. To treat/cure the disease of diseased ones

More emphasis has been laid over preservation of health of masses, which can be achieved by judicious use of Āhāra, Vihāra and Auṣadhi.

Several classifications of treatment of a disease, or preventive methods for preservation of positive health are described in Āyurveda. These approaches can be categorised broadly in two groups, viz.

1. Śodhana Therapy i.e. purificatory therapy
2. Śamana therapy i.e. palliative therapy

With the administration of Śodhana therapy, attempts are made to purify or cleanse all the body tissues (Sroto-śodhana) and to bring about the harmony of Tridoṣa i.e. Vāta, Pitta, Kapha and Mānasa Doṣās i.e. Satva, Raja and Tama in such a way that vitiated Doṣās are removed from the body and long lasting benificial effects of long duration are produced in the body. Śodhana therapy is not merely a therapeutic regime but a management of the individual which promotes and preserves the normal health of that individual for a pretty long time.

On the other hand Śamana therapy is basically palliative in nature. In this therapy also efforts are made by the treating

physician to bring Tridoṣa and Mānasa Doṣa in a perfect state of equilibrium with the judicious use of Āhāra, Vihāra and Auṣadhi. It is to be noted that the therapeutic response produced by Śamana therapy is of short duration and there is a possibility of recurrence of the disease after some time unlike Śodhana therapy, which produces long lasting beneficial effects.

Śodhana therapy or Pañcakarma therapy had been recognised as a therapeutic procedure of great importance in Āyurveda. The descriptions available about the Pañcakarma therapy, which is systemic and scientific procedure, was in full swing up to 4th century A.D. Due to various reasons the practice of Pañcakarma therapy gradually declined, which was replaced by "Rasa Cikitsā" slowly. At one stage this therapy was practiced only in Southern parts of India. Pañcakarma therapy was less popular in Northern India a few years ago. The classical form of this therapy remained neglected till recently. There is growing awareness among masses about the beneficial effects of this miraculous therapy, not only in India but all over the world.

Historical Aspects

Āyurveda is a branch of Atharva Veda. No clear cut description of Pañcakarma is available in Vedās. At various places several Mantrās (Rhymes) are described in Riga Veda, which indirectly refer towards the Karmās which are included under Pañcakarma procedures. There is a Mantra of Ṛga Veda in which eradication of Roga from the root of nostrils, chin, head, ears and tongue is mentioned, which is suggestive of descriptions of close resemblance to Nasya or Śirovirecana. Similarly there is another reference in the form of a Mantra which describes the eradication of diseases from arteries (yshniha) probably a description close to Rakta mokṣaṇa (Ṛga. 10/16/4/1–2).

In the book Kauśika Sutra there is evidence of drinking Mānsa and Meda in Vātika Roga, Tailā in Vātā-Pittaja Roga,

Jalaukā for Raktamokṣaṇa in cases of Kuṣtha, Śiroroga and Gandamālā.

Vināyapitaka, a prominent book of Buddha period narrates that Vitindāvachha had Vāta Vyādhi, who was recommended sveda cikitsā by Lord Buddha (1425–363 B.C.).

A few important stories about the famous Vaidya Jīvaka suggest that Pañcakarma therapy was practiced in one or other form in ancient times. Jīvaka induced Vamana to king Pradyota of Ujjain after Ghṛtapāna. Medicated Ghṛta was recommended for treatment of Śiraha śūla in the form of Nasya to the wife of Sreṣthi of Sāketa Nagar by Vaidya Jīvaka.

It is interesting to note that several physicians of Greek, Egypt, Persia, South America and many other countries used to practice certain methods which can be included under the Pañcakarma procedures of Āyurveda. Physicians of Mesopotemia used Taila, Ghṛta, Wax, Madhu and Milk frequently. For pain in abdomen procedures like Vamana and Virecana were also recommended. Documentary proofs suggest that physicians of old age had full knowledge about the importance of the bowel clearance, for which Taila Vasti was being used. Similarly Vamana Karma was indicated for the diseases of digestive system. Various types of Svedana are also mentioned which were recommended to the patients according to underlying disease.

Most of the principles of Pañcakarma therapy were present is Hippocratus time in one or other form which is said to be the golden period of Greeks' medicine. Description is available about the knowledge of the people who evacuated the waste material from their body through their stomach or bowels in the form of inducing vomiting or by administering enema. Description is also evailable that the vomiting was recommended during the six winter months because at that time phlegm dominated in the upper part of the body. Similarly during the summer heat the enemas were recommended because the body of masses dominated with heaviness in

lumbar region and knee joints along with increased secretions of bilious nature. It can be concluded from this description that during Hippocratus time Vamana (vomiting) was used for Kaphaja Roga and Vasti was recommended in Pittaja Roga. According to principles of Āyurveda Virecana Karma is indicated in Pittaja Roga and Vāsti in Vātika Roga.

In 17th century Handerson had written in his book on Mānsa śāstra that it was customary to use Vamana Virecana procedures of Snehana before Śanśodhana. But it is well known fact that Pañcakarma procedures have no effect without undergoing Snehana Karma and Svedana Karma first.

Thus it is very clear that Pañcakarma therapy in various forms had been in regualr practice since ancient times. Due to various reasons this system of medicine gradually lost its importance and was out of practice for hundreds of years.

Pañcakarma in Āyurvedic Classics

Pañcakarma therapy has been described elaborately in Caraka and Suśruta Samhitā. The description of Pañcakarma therapy is also available in following Āyurvedic classics—

1. Vāgbhaṭṭa Saṁhitā
2. Bhela Saṁhitā
3. Aṣṭāṅga Hṛdaya
4. Kāśyapa Samhitā
5. Hārīta Samhitā
6. Bhāva Prakaśa Saṁhitā
7. Śārangadhara

Independent chapters have been described in various Saṁhitās at different places suggesting there by that the procedures of Pañcakarma therapy had been widely practised in the periods of these books.

Ācārya Caraka has used the term "Pañcakarma" in his text i.e. Caraka Saṃhitā. Where as Ācārya Suśruta and Vāgbhatta have not used the term so commonly. The commentators like Cakrapāṇi / Dalahaṇa, Aruṇaduṭṭa and Hemadri of Caraka, Śuśruta and Vāgbhatta respectively have used the term "Pañcakarma" for explaining the original text at respective places. Although the subject matter of Pañcakarma has been dealt in each Samhita but it has been dealt elaborately only by Ācārya Caraka under the specific term of Pañcakarma. The Pañcakarma measures on the whole have got great emphasis in complete Āyurvedic literature.

Brief description of Pañcakarma is available in Sūtra sthāna, Vimāna sthāna and Cikitsā sthāna of Caraka Samhitā. Siddhi Sthāna of Caraka Samhitā has dealt in details about Pañcakarma. Various Dravyās used in Pañcakarma are dercribed in Kalpa Sthāna. 15th chapter of Sutra sthāna of Caraka Samhitā namely "Upakalpaniya Adhyayā" deals with the procedures of Vamana, Virecana and Samsarjana krama. Equipments necessary for Pañcakarma are also described in it. Various pharmaceutical preparations to be used for Vamana & Virecana therapy have been described in Kalpa Sthāna, chapter 12. Various preparations used of Madana Phala and Trivrita have been described in details. Complete description of Pañcakarma therapy covering various details is available in Siddhi Sthāna. Seperate Chapters on Snehana and Svedana are also described in Carak Samhitā. While going to full description of Pañcakarma therapy in Caraka Samhitā, it appears that Ācārya Caraka has considered Pañcakarma therapy as an independent discipline of treatment and that is why great emphasis has been laid over it.

Ācārya Suśruta has described Pañcakarma therapy in two chapters in Cikitsā Sthāna. Seperate chapters on Snehana and Svedana are described by Ācārya Suśruta. It appears that Ācārya Suśruta regarded Pañcakarma therapy as a part of Cikitsā. Vamana Karma, Virecana Karma, Anuvāsana Vasti, Niruha Vasti, Uttara Vasti and Śirovirecana are dealt in details

by Ācārya Suśruta in his Suśruta Saṁhitā. It is important to note that Acārya Suśruta has described an independent procedure termed as "Raktamokṣaṇa", a special technique of blood letting in Raktagata Vāta and various surgical diseases.

The description of Pañcakarma therapy as described in Bhela saṁhitā is very close to the description of Pañcakarma therapy by Ācārya Caraka.

Pañcakarma therapy has been described in nine separate chapters in Sutra Sthāna in Aṣtānga Sangraha. Snehana and Svedana are described in seperate chapters while Vamana and Virecana karma are described together in 27th chapter. 28th chapter deals with Vasti karma separately. Five chapters (29 to 33) are contributed on Śirovirecana separately. A number of pharmaceutical preparations which may be used in Pañcakarma therapy are described in Kalpa Sthāna.

The description of Pañcakarma therapy as described in Aṣṭāṅga Hṛdaya looks to be similar to Aṣṭāṅga Sangraha except for nine chapters on Pañcakarma given in Sutra Sthāna.

Śāraṅgadhara Saṁhitā contains detailed description of Pañcakarma therapy in the third part of the book. It contains the description regarding the quantitative dosage of Snehana therapy. Elaborate description of Uttara Vasti is also available.

It is conceived that systemic Samśodhana of the complete body is a prime pre-requisite for all kinds of preventive and curative procedures. Besides being of preparatory significance, Pañcakarma therapy (Samśodhana Karmās) forms a full therapy in themselves for various diseases. Pañcakarma therapy is designed to eradicate the vitiated Doṣās and to maintain a state of normalcy and equilibrium which is the fundamental basis of health. Pañcakarma therapy has a direct relevance to both the health and ill persons.

Contributions And Scope of Pañcakarma Therapy

Pañcakarma therapy is a potent system of medicine. As stated earlier five specialised teachniques, collectively termed as "Pañcakarma" attack the very root cause of disease, cleanse all body microcirculatory channels, remove the vitiated Doṣās from the body and produce long lasting beneficial effects. There is a belief in the mind of people that Pañcakarma therapy is capable of inducing complete "Kāyā Kalpa" or over hauling of the body at the cellular level. Pañcakarma therapy is effective against the treatment of majority of diseases. On the other hand this therapy improves the body resistance (Immunity) and thereby checks the pathogenesis of the disease confirming its preventive effects also.

The term Pañcakarma represents group of specialised procedures which eradicate the vitiated Doṣās and help to maintain a state of normalcy and equilibrium. Although many procedures are described and many other may be planned for acheiving these objectives. It is to be noted that the Pañcakarma therapy is not a classification of specialised techniques but is a comprehensive Sanśodhana regimen under which all other similar procedures may be included. The classical Pañcakarma therapy consists of following category of procedures—

(1) Pūrva Karma—It mainly consists of following procedures—Pācana, Dīpana, Snehana and Svedana.

(2) Pradhāna Karma—The Pradhāna Karmās during Pañcakarma therapy consist of five purificatory procedures mainly, designed to eliminate vitiated Doṣās, they are—(Caraka Sutra 26/10)

1. Vamana Karma (Therapeutic Emesis)
2. Virecana Karma (Therapeutic Purgation)
3. Anuvāsana Vasti (Therapeutic Oil based Enemata)
4. Āsthāpana Vasti (Therapeutic Decoction based Enemata)

5. Nasya Karma or Śirovirecana (Nasal Insufflation or Errhines)

(3) **Paścāta Karma**—It includes Dhūmra Pāna, Kawala Graha, Gandūṣa, Sansarjana Krama, use of Samana Auṣadhi and Rasāyana Auṣadhi.

Components of Pañcakarma Therapy

The term "Pañcakarma" consists of two words, "Pañca" and "karma". Literarally "Pañca" means five and "Karma" means methods of treatment i.e. five fold therapy or five fold specialised techniques of therapy, viz. Vamana, Virecana, Anuvāsana Vasti, Niruha Vasti and Nasya Karma (Śirovirecana). Vasti is basically of two types—

1. Anuvāsana Vasti (Oil Based)
2. Āsthāpana Vasti or Niruha Vasti (Decoction Based)

This classification of Pradhāna Karma is from the angle of Kāyacikitsā. It is important to remember that Ācārya Suśruta has described Pradhāna karma of Pañcakarma in a different way. According to Dalhaṇa, the commentator of Suśruta Samhitā the Pradhāna karma of Pañcakarma therapy include following karmās (Dalhaṇa-Suśruta Sutra 5/1).

1. Vamana (Therapeutic Emesis)
2. Virecana (Therapeutic Purgation)
3. Vasti (Therapeutic Enemata)
4. Nasya (Errhines)
5. Rakta Mokṣaṇa (Blood letting)

Raktamokṣaṇa is indicated in surgical disorders.

Pañcakarma therapy is preceded by Pūrva karmās viz. Pācana, Dīpana, Snehana and Svedana. Pācana and Dīpana are advocated for improving the status of koṣthāgni.

Snehana means oleation therapy. Various Snigdha medications like medicated Ghee and medicated oils are used

for inducing Snehana of the body. It renders the body oleus (Snigdha). Snehana Karma makes the vitiated Doṣās easily extractable from the body. After Snehana karma the body becomes oily, slimy and smooth, removing the roughness and dryness of body. After the Snehana karma the microcirculatory channels (Srotās) become lubricated which act as a slippery passage for vitiated Doṣās. Snehana is indicated specially in Vāta Vyādhi.

Svedana karma means induction of Sveda in the body. It consists of fomentation inducing Sveda or sweating. Sveda is always performed after adequate Snehana karma and it essentially precedes Pradhāna purificatory measures such as Vamana and Virecana etc.

The heat produced during Svedana Karma helps in melting the vitiated Doṣās which in turn are expelled out of the body through lubricated micro-circulatory channels. Svedana is specifically indicated in Vātika and kaphaja disorders.

Vamana karma means to induce therapeutic vomiting. It is indicated for the purification of Urdhva Bhāga (thorasic region) of the body. In Vamana karma vitiated Doṣās are eliminated from the oral route. Vamana karma is induced in properly prepared individuals by administration of appropriate Vāmaka Dravya (Emetic drug). Commonly used Vāmaka Drarva is Madana Phala Pippali. Vamana karma is specifically indicated in kaphaja disorders.

Virecana Karma means the process by which the vitiated Doṣās are removed from the Adhobhāga (Abdominal region) of the body through anal route. Virecana karma is to be induced in properly prepared patients. Many purgative preparations (Recana Dravyās) are described in Āyurvedic texts which can be used for this purpose. The commonly used drugs are Āragwadha, Haritaki and Niśotha. Virecana karma is indicated mainly in Paittika disorders.

Vasti Karma is another purificatory technique which consists of the introduction of Vasti Dravya (Herbal decoctions with

or without oils) through various routes including rectum, vagina or urethra. The name of the Vasti is given according to the route of administration e.g. the term "Vasti" is given when the decoction/oil (Vasti dravya) is used through anal route. Similarly the term "Uttara Vasti" is used when the Vasti Dravya is administered through urethral or vaginal route. The urinary bladder of some animals or plastic bags are used for administering Vasti. It is expected that Vasti Dravya when expelled out through anal route, eliminates the vitiated Doṣās. In addition the contents of Vasti Dravya produce pharmaceutical actions in the body. Vasti Karma is chiefly of two types—

1. **Āsthāpana or Niruha Vasti** (Decoction Based)
2. **Anuvāsana Vasti** (Oil Based)

Other types of Vastis are also described in Āyurvedic classics. Depending upon the purpose for which they are used Vasti is termed accordingly. Vasti karma is the specific therapy for Vātika disorders.

Nasya karma or Śirovirecana is the term given to a specific purificatory measure when the required medications are introduced through nasal passage in liquid or powder or vapour forms. Nasya Karma is specifically indicated in "Urdhava Jatrugata Rogās" i.e. Śirogata Rogās or E.N.T. disorders.

Raktamokṣaṇa is the procedure of blood letting for therapeutic purposes for removing morbid Doṣās with blood from the body. It is specifically indicated in Blood born, Pitta dominant or Surgical diseases.

After administeration of Pradhāna Karma the individual is subjected to the Pascāta Karma including Dhūmra Pāna, Kawala Graha, Ganduṣa and Sansarjana Krama according to the needs of the individual. The process of restoration of digestive functions (Agni) by means of advocating specific dietetic regimen is known as Sansarjana Krama.

The Pañcakarma therapy is used mainly with following objectives—

1. **Preventive**—Pañcakarma is recommended in healthy individuals for preservation and maintenance of their positive health as a preventive therapy. For this purpose specific Karmās are indicated according to the specific Schedule of Dincaryā or Ṛtucaryā or in Vegāvarodha Janya conditions (conditions produced due to suppression of natural urges).

2. **Rejuvenation**—Pañcakarma is indicated as a pre-requisite in individuals where Rasāyana therapy is recommended for revival, regeneration and revitalisation of all body Dhātus.

3. **Curative**—Another very important indication of Pañcakarma therapy is in the form of curative therapy for various diseases. Specific Pañcakarma is indicated in the management of a specific disease which varies from individual to individual. It is important to remember that Pañcakarmās have specific influence on different Doṣās in the body. Specific Karma is indicated in specific vitiated Doṣa dominant diseases as is clear from the following table—(Aṣṭānga Hṛdaya Sutra 1/25)

S.N.	Vitiated Doṣa	Specific Karma indicated
1.	Vāta	Vasti Karma
2.	Pitta	Virecana Karma
3.	Kapha	Vamana Karma

Similarly specific guidelines are provided in Āyurvedic texts about the place/site/organ involved due to vitiated Doṣās and specific Karma to be advocated accordingly. Drugs introduced through nasal route for Nasya Karma relieve Urdhava jatrugata Rogās (E.N.T. disorders) (Aṣṭānga Hṛdaya Sutra 20/1). This guideline can be used to develop the concept of specific Karma to be indicated in diseases of specific organs as proposed below—

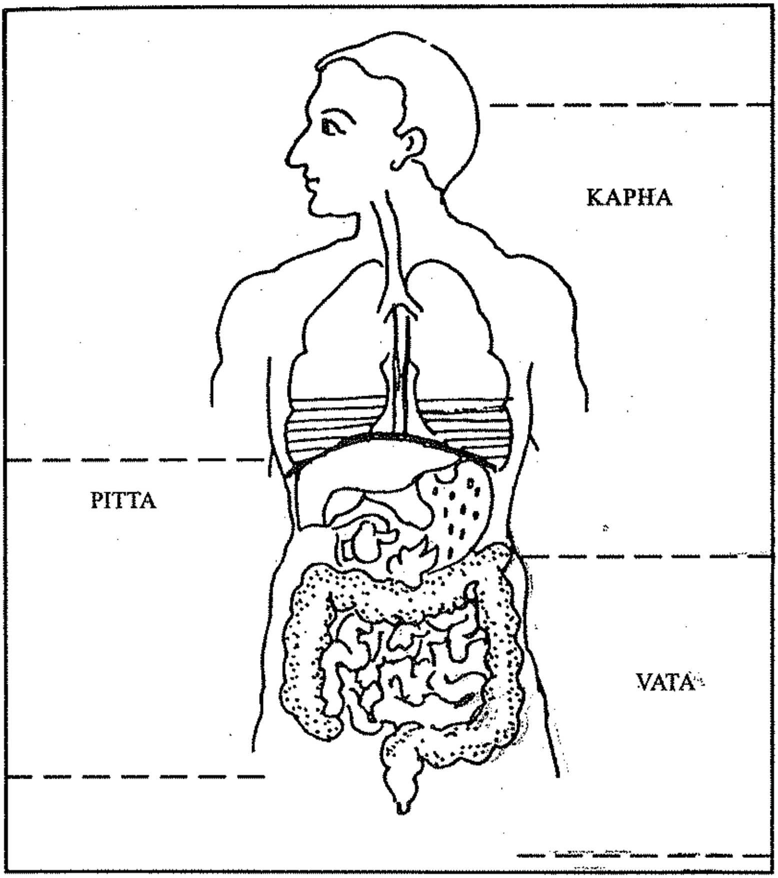


Diagram showing areas of Three Doṣās in the Body

S.N.	Organ/Site involved	Specific karma indicated
1.	Urdhva Jatrugata Roga (E.N.T. disorders)	Nasya Karma
2.	Amaśayagata Roga (Diseases of Chest/Thorax)	Vamana Karma, Virecana Karma (occasionally)
3.	Pakvaśayagata Roga (Abdominal disorders)	Virecana Karma, Vasti Karma

4. Śroṇigata Roga (Pelvic disorders of urinary bladder, vagina, uterus etc.)	Uttara vasti

Pañcakarma is also recommended as a pre-requisite for various surgical disorders. In Diseases like Arṣa Roga (Haemorrhoids), Vidradhi (Abscess) and Bhagandara (Fistula in Ano) etc. which need surgical intervention for their eradication proper preparation of the patient is a must. For the purpose Pūrva Karmās are to be employed.

If complete Pañcakarma procedures are to be administered in single patient then it requires lot of time. For Pravara Śodhana atleast 130–138 days are required, for Madhyama Śodhana about 85 days and for Avara Śodhana around 57 days are needed. Maximum time is wasted in Kāla Vasti Krama's "Parihāra Kāla" i.e. the period of abstinence from Pañcakarma Therapy. It is also to be remembered that in Vāta dominant diseases 9 to 11 Aṇuvāsana Vasti, in Pitta dominant diseases 5 to 7 Anuvāsana Vasti and in kapha dominant diseases 1 to 3 Anuvāsana Vasti are recommended. Utmost care should be taken not to administer either Anuvāsana or Āsthāpana Vasti alone continuously for couple of days. Anuvāsana Vasti should always be given alternately with Āsthāpana Vasti and vice-versa.

Beneficial Effects of Pañcakarma Therapy

As stated earlier that Pañcakarma presents the unique approach of Āyurvedic system of medicine. It is believed that diseases treated by drug therapy and Samśamana therapy may recur or relapse where as the diseases treated with Sanśodhana therapy never relapse and are eradicated for ever. (Caraka Sūtra 16/20). The basic contribution of Pañcakarma therapy is that it removes the vitiated Doṣas from the body and provides purification of body at two levels—

(1) Gross level—various organs and systems of the body are thoroughly cleansed e.g. C.V.S., G.I.T., Chest etc.

(2) **Cellular level**—i.e. Purification / cleansing of body is produced at the level of cells, cell membranes and molecules.

Other beneficial effects of Pañcakarma therapy include (Caraka Sutra 16/17–19)—

(1) Biological systems of the whole body return to normacly.

(2) There is rejuvenation and revitalisation of all body tissues and Dhātus.

(3) It potenciates the pharmacological actions of various drugs / medicines administered afterwards.

(4) Waste products, unwanted materials, various toxins and stagnant Malās are removed from the body at various levels (cellular / tissue levels) leading to cleansing effect or purification of the body i.e. Srotośodhana is achieved.

(5) Normal physiological functions of all the body systems are potenciated e.g. Gut absorption improves considerably and metabolism is also corrected. As a result the drugs administered afterwards are highly effective even in small dosage which in turn reduce the chance of drug toxicity considerably.

(6) There is a better ionic / molecular exchange through semipermeable membranes of the body.

(7) The beneficial results produced after Pañcakarma therapy are of long duration and long lasting.

(8) The prognosis of various diseases which are difficult to treat with simple administeration of medicines become significantly improved (Good prognosis) after administration of Pañcakarma therapy.

(9) Pañcakarma Therapy is not only a pre-requisite for all the therapeutic procedures and medications but has also a full therapy role as a Promotive, Preventive, Curative and Rehabilitative procedures.

(10) If properly performed, Pañcakarma therapy does not produce any serious complications. If any minor complications are produced, they are easily manageable.

(11) Specialised techniques of Pañcakarma therapy are simple to perform.

(12) Pañcakarma practices can be carried out at OPD or IPD level both.

(13) There is no need to carry out all Pañcakarma practices at stretch in one sitting. Specific techniques of Pañcakarma (any of the Pañcakarmās) can be recommended to the patient after proper preperation.

(14) The vitiated Doṣās are eliminated from the body mainly through the elementary canal.

(15) After Pañcakarma therapy diseases are cured and normal health is restored. The mental faculties, mind, intelligence and complexion of the patient improve after Pañcakarma therapy.

(16) Individual gains strength, plumpness, offsprings and virility after Pañcakarma Therapy. The individual will not be affected by premature ageing and lives long with a sound health.

Chapter 3

Pūrva Karmās

The preparatory procedures for taking the patient for Pradhāna Pañcakarma (Main purificatory processes) are termed as Pūrva Karma. It is important to understand that if an individual is advised Pradhāna Pañcakarma without undergoing to process of Pūrva Karma, desired results of Pradhāna pañcakarma will not be obtainined. So, if we wish to get the best results of Pradhāna Pañcakarma it is very essential that the patient is first put on Pūrva Karmās. The importance of it can be understood with one example. If we wish to take out juice from a fruit, it should be fully ripe. If unripe fruit is taken and is squeezed with the objective of extracting juice from it, it will be crushed absolutely without producing a single drop of juice.

Purpose of Pūrva Karma

The main purpose of administration of Pūrva Karma before Pradhāna Pañcakarma is to facilitate morbid Doṣās to move from Śākhā (Body Tissues) to Koṣtha (Gastro Intestinal Tract).

Following Karmās are referred to as Pūrva Karmās –

1. Pācana
2. Dīpana
3. Snehana
4. Svedana

Many scholars have accepted only two Pūrva Karmās viz. 1. Snehana and 2. Svedana but Dalahaṇa, the commentator of Suśruta has included Pācana Karma also in the Pūrva Karma (Suśruta Sutra, 5/1).

In Āyurvedic classics the term Pācana is used usually to denote "Dīpana", "Pācana" or "Āma Pācana" or "Agni Dīpana". Although the terms Dīpana and Pācana appear to be having the same meaning but principly these are two different terms having different meanings. Ācārya Śārangadhara has described "Pācana" as an agent (Drug) which digests the Āma Doṣa but does not stimulate the Agni (Śārangadhara Pūrva Khanda) e.g. Nagkesar. Pācana Dravya have dominant Agni and Vāyu Mahābhūta. Agnimāndya leads to production of Āma Doṣa. A Pācana Dravya digests Āma Doṣa because of its Prabhāva. Dhānyaka (Dhaniyā), Pippalī Mūla, Longa, Marica, Sontha and Nāgarmothā are commonly used Pācana Dravyās. Āma Pācana leads to Agni Dīpana resulting in stimulation of appetite in a natural way.

Ācārya Śārangadhara has described Dīpana Dravya as an agent which is dominant in Agni, Vāyu and Prithvi Mahābhūta. Dīpana Dravyās stimulate Agni but do not act as Āma Pācaka Dravya. Commonly used Dīpana Dravyās include Citraka, Hīnga, Marica, Jīraka, Ajawāyana, Ārdraka, Madhu, Takra and Kṣāra.

Pācana

Pācana Karma is a Pūrva Karma of Pradhāna Pañca Karma. It is an essential prerequisite of Pradhāna karmās. Pācana is given with the objective of improving the digestion of Āma Doṣa (Āma Pācana) at the level of gut (Gastro Intestinal Tract) and cells/tissues (cellular level).

In reference to Pūrva Karma of Panckarma the "Pācana" is aimed at inducing Dīpana and Pācana in the body of the patient. Dīpana and Pācana is achieved with the administration of medicated Ghee mixed with Dīpana and Pācana Drugs. Ghṛta is a potent "Agni Pradīpaka" (Koṣthāgni Stimulant) Dravya. The following preparations are usually recommended for Āma Pācana –

1. *Dīpana Pācana Cūrṇa* – Pañcakola cūrṇa, Lavaṇa Bhāskara

cūrṇa, Śiva kṣara Pācana cūrṇa, Trikatu cūrṇa, Hingwaṣtaka cūrṇa and Agnimukha cūrṇa etc.

Recommended dose – 1-3 gms. with Takra or luke warm water (uṣnodaka).

2. *Dīpana Pācana Tablets* – Śankha Vati, Citrakādi Vaṭi, Luśunādi Vaṭi, Āmapacana Vaṭi, Agnitundā Vaṭi and Viṣtinduka Vaṭi etc.

   Recommended dose – 1-2 tablets × Three times a day with lukewarm water.

3. *Dīpana Pācana Kvātha (Decoction)* – Pippalyadi Kvātha, Dhānyāpancaka Kvātha, Śunthi Jīraka Kvātha and Jīrakādi Kvātha.

   Recommended dose – 30-50 ml. twice a day.

4. *Dīpana Pācana Ghṛta (Medicated Ghee)* – Pippalyādi Ghṛta, Drākṣadi Ghṛta and Śuthi Ghṛta etc.

   Recommended dose – 20-30 ml. twice a day.

5. *Āsawa Ariṣta* – Mostly all Āsawa Ariṣta are Dīpana and Pācana in nature such as, Daṣamūlāriṣta, Pañcakolasava and Drāksāsava, etc.

   Recommended dose – 20 ml. mixed with equal quantity of water after meals twice a day.

One of the above preparations is usually given depending on the age, disease and condition of the Doṣās in any of the forms discussed above. Powder is usually advised with luke warm water twice daily on empty stomach.

Duration of Pācana Karma – 3 to 7 days.

Signs and Symptoms of Pācana

After administration of Pācana following manifestations should be observed in the body of the individual to assess whether Pācana Karma has been done properly or not –

1. Feeling of lightness in the body (Laghuta)

2. Improved appetite (Kṣuta – Pravṛtti)
3. Feeling of thirst (Pipāsā)
4. Well formed stool without any Āma Doṣa i.e. without any mucous content (Nirāma Mala)

Snehana Karma

(Oleation Therapy)

Snehana Karma is one of the main procedures of Pūrva Karma. The literary meaning of snehana is to "Oleate" or to make smooth or to produce tenderness or oiliness or unctuousness.

Thus literally the term Snehana means anointing, lubricating, rubbing or smearing with oil or producing unctuousness in the body. Ācārya Caraka has described Snehana Karma in the form of an independent chapter in Caraka Samhitā Sutra Sthāna Chapter 13.

Definition of Snehana

Any procedure or substance which produces lubrication in the body externally or internally is called Snehana. It is used as an independent therapeutic procedure as well as preparatory procedure for Pañca Karma therapy.

Snehana Karma involves making the body unctuous by administering oils, ghee or any other form of fat either internally or externally. Snehana produces unctuousness, fluidity, softness and moistness in the body (Caraka Sutra 22/10). One of the significant properties of Sneha Dravya (unctuous substance) is that it binds the minutest cells of the body together and produces snigdhatā (unctuousness) in the body. Snehana is the principal property of Jala Mahābhūta. Ācārya Cakrapāni, the commentator of Caraka Samhitā has mentioned that it is essential to administer Snehana (Oleation) therapy to an individual before subjecting him to Pradhāna Karma. Basically Snehana Karma is indicated to mobilize the vitiated Doṣās from theire respective sites. This object is

achieved by Snehana, Viṣyandana and Kledana through Snehana therapy. In addition to being the important Pūrva Karma procedure for Pañca Karma therapy, Snehana is a specific treatment for Vātika disorders and hence it is one of the most significant therapeutic procedures and may attain the significance of Pradhāna Karma in Ṣada Upakramās described by Ācārya Caraka (Caraka Sutra 22/3).

It is very clearly mentioned in Āyurvedic classics that the adminstration of Snehana (Oleation) therapy and Svedana (Sudation) therapy must be administered to the patient till the signs and symptoms of proper Oleation (Samyaka Snigdha), and proper Sudation therapy (Samyaka Swinna) are produced before the administration of main procedures of Pañcakarma (Caraka Sutra 13/99).

We get very good example in Aṣṭāṅga Hṛdaya and Bhela Saṃhitā about a dry stick referring that it cannot be bent without application of oil to it. If too much of force is applied to bend a dry stick it will break down. Similarly if we subject an individual to main Pañcakarma procedures without administering Snehana karma, his body will be subjected to a lot of discomforts and there will be no mobilization of vitiated Doṣās from their sites (Aṣṭānga Hṛdaya Sutra 18/59).

Types of Snehana

Depending upon the application of Snehana it can be divided in to two types –

1. *Ābhyāntara Snehana (Internal Oleation)* – When the Sneha is used through the oral route for the purpose of providing Snehana in the body, it is termed as Ābhyāntara Snehana (Internal Oleation).
2. *Bahira Snehana (External Oleation)* – Topical or external use of Sneha Dravya to produce Snehana in the body is termed as Bahira Snehana (External Oleation). External Sneha can be used by different methods. The external Snehana is named according to the method used, to the

place where it is used or the act which is performed e.g. Abhyanga (massage), Karṇa Pūraṇa (Instilling oil in to the ears), Akṣhi Tarpaṇa (Application of Sneha in and around the eye) etc. (Caraka Sutra 13/23-25).

Properties of Snehana Auṣadhi (Unctuous Drugs)

A standard Snehana Auṣadi should possess following properties (Caraka Sutra 22/15)—

1. Unctuousness (Snigdhatā)
2. Heaviness (Gurutā)
3. Coldness (Shītatā)
4. Softness (Mridutā)
5. Liquid (Dravatā)
6. Sliminess (Picchilatā)
7. Mobility (Saratā)
8. Sluggishness (Mandatā)
9. Microfined, subtle (Sūkṣamatā)

1. *Snigdhatā (Unctuousness)* – It is the property of an oily material by which it produces Kledana / Dampness in the body. Snigdha dravyās are dominated with Jala and Pṛthvi Mahābhūta. They induce unctuousness, softness, strength and texture to the body. Snigdha dravya can be seen with the naked eye (Suśruta Sūtra 41/11).

2. *Gurutā (Heaviness)* – It is a property of oily substance which is heavy and takes long time for digestion in the body. Guru substances are dominant in Prithivi and Jala Mahābhūta. Guru Guṇa dominant substances perform following four actions in the body, (Suśruta Sutra 46/518)—

   (i) *Sādakruta* – Which is capable of producing emaciation in body Dhātus leading to weakness. Consumption of Guru Guṇa Pradhāna Dravyas (Gariṣtha Āhāra -

Heavy meals) leads to decline in the status of Koṣthāgni (digestive fire).

(ii) *Uplepakruta* – Which produces coating or application in the body.

(iii) *Balakruta* – Which produces strength in the body due to Tarpaṇa and Brimhaṇa properties.

(iv) *Brihamaṇa Kruta* – Which produces renovation of all body tissues and Dhātus i.e. having roborant property.

3. *Shītatā (Coldness)* – Shītatā guṇa or property of substances is determined with following factors – coldness is pleasurable, alleviates thirst and burning sensation of the body, arrests perspiration and promotes consciousness. These substances are rich in Jala and Vāyu Mahābhūta. It can be felt with touch (Suśruta Sutra 46/515).

4. *Mridutā (Softness)* – Substances producing softness and delicacy in the body are said to possess Mridu Guṇa. Mridu Dravyās are dominant in Jala and Ākāśa Mahābhūta. These substances suppress burning sensation in the body. It can be easily felt by touch.

5. *Dravatā (Liquid)* – These substances are dominant in Jala Mahābhūta which promote stickiness, moistness, softness and happiness. A Drava substance (liquid) possesses liquifaction of the Doṣās and helps in the movement of fluid from one part of the body to another. It is visible with the naked eye (Suśruta Sutra 46/520).

6. *Picchilatā (Sliminess)* – It can be seen with naked eye and felt by touch. Jala Mahābhūta dominates in it. A substance having Picchila Guṇa produces strength in the body, binds together various organs of the body, aggravates kapha and produces heaviness in the body (Suśruta Sutra 46/517).

7. *Saratā (Mobility)* – Sara Guṇa has dominance of Jala Mahābhūta and has the property of advancing which is

termed as " Preraṇashīla". It initiates the movement of Vāta Doṣa, Mala and other things in the body, which is termed as "Cala Guṇa" by Ācārya Vāgabhata. "Cala Guṇa" is chiefly composed of Vāyu Mahābhūta (Suśruta Sutra 46/522).

8. *Mandatā (Sluggishness)* – It is mainly composed of Jala Mahābhūta. Mandatā means functioning very slowly. Mandatā helps in slow movement of unctuous substance in the body. It results in prolonged contact of unctuous substance with Doṣa, Dhātu and Mala (Suśruta Sutra 46/522).

9. *Sūkṣamatā (Microfined, Subtle)* – It is composed of predominantly with Agni (Tejas) Mahābhūta. It is the property by which it can pass through the Srotas (Micro - circulatory channels). Normally substances which are hot, sharp, subtle, non-unctuous and non-slimy have predominance of Agni Mahābhūta. They produce combustion, metabolism, lusture, radiance and colour (Suśruta Sutra 46/524).

Classification of Sneha Dravyas

Sneha Dravyās can be classified in to various groups according to their origin –

1. *Yoni Bheda* – According to the origin of Sneha Dravya it can be divided in to two groups –

   (a) Sthāvara Sneha (Vegetable Origin)

   (b) Jāngama Sneha (Animal Origin)

   (a) *Sthāvara Sneha* – The Sneha Dravya having vegetable origin are called as Sthāvara Sneha. Tila Tail (Sesame oil) is the best example of Sthāvara Sneha. The vegetables which provide vegetable oils are 18 in number and are termed as "Snehāśaya" (Caraka Sutra 13/10,11).

Ācārya Suśruta has classified Sthāvara Sneha obtained from vegetable origin according to their actions in to following groups –

(i) *Virecanopayogi* (Drugs used as Purgatives)

(ii) *Vamanopayogi* (Drugs used as Emeties)

(iii) *Śirovirecanopayogi* (Drugs used in E.N.T. disorders)

(iv) *Duṣtavṛanopayogi* (Drugs used in non-healing ulcers)

(v) *Mahāvyādhi Upayogi* (Drugs used in Kuṣtha-leprosy)

(vi) *Mūtrasangopayogi* (Drugs used in retention of urine)

(vii) *Aśmari Upayogi* (Drugs used in calculus)

(viii) *Prameha Upayogi* (Drugs used in urinary syndromes)

(ix) *Pitta Sanśriṣta Vāyu Upayogi* (Drugs used in Vitiated Vāta Doṣa due to Pitta Doṣa)

(x) *Kṛṣṇikarnopayogi* (Drugs used in inducing black pigment in the skin)

(xi) *Pāndukarnopayogi* (Drugs used in inducing white colour to black pigment)

(xii) *Dadru, Kitibha, Kuṣthopayogi* (Drugs used in skin disorders like Kuṣtha Leukoderma, Leprosy)

(b) *Jānagama Sneha* – Sneha (unctuous substance) obtained from animal origin are termed as Jāngama Sneha. In Jāngama Sneha milk of Deer, Cow, Buffalo and Goat etc. is used. Similarly fat of animals, fish oil, milk, ghṛta, curd, butter and skimmed milk of animal origin are used.

Snehopayogi Gaṇa (Adjuvants of unctuous substances)

Ācārya Caraka has described following 10 Vanaspati (Plants) as Snehopaga Gaṇa, which are included in sthāvara sneha – Drakṣā, Yaṣtimadhu, Mahuā, Medā, Vidārikanda, Kakoli, Kṣīra Kākoli, Jīvaka, Jīvanti and Śālparṇi. These palnts are grouped together as Snehopaga Gaṇa.

2. *On the basis of Mode of Action* – Sneha Dravyās can be divided in to three groups depending upon their mode of action –

   (a) Śodhana Sneha (Eliminatory/Purificating Sneha)
   (b) Śamana Sneha (Alleviating Sneha)
   (c) Brimhaṇa Sneha (Rejuvenating Sneha)

(a) Śodhana Sneha – Sneha administered with the object of Śodhana is called as Śodhana sneha. When the food consumed the previous night is fully digested, the Sneha administered in the next morning in a large quantity is termed as Śodhana Sneha. After the patient is adequately Snigdha (Oleated) then the Vamana etc. Śodhana karma can be advocated.

   (Caraka Sūtra 13/61)

(b) Śamana Sneha – The Sneha which does not precipitate Doṣās but alleviates the aggravated Doṣās is termed as Śamana Sneha. When the patient feels hungry he should consume alleviating type of Sneha (Sanśamana Sneha) in sufficient quantity in between the meals.

   (Caraka Sūtra 13/61)

(c) Bṛmhaṇa Sneha – Bṛmhaṇa Sneha is a specific type of Sneha which is to be administered along with meat soup (Māmsa Rasa), Alcohol and food in small quantity with the objective of inducing Bṛmhaṇa (Rejuvenation) of all body Dhātus (Aṣṭāṅga Hridaya Sūtra 16/20).

3. *According to dose of administration*

According to the quantity of Sneha administered it may be divided in to four groups –

   (a) Hṛusiyasi Mātrā Sneha (Test dose)
   (b) Hṛasva Mātrā Yukta Sneha (Minor dose)
   (c) Madhyama Mātrā yukta Sneha (Moderate/Medium dose)

(d) Uttama Mātrāyukta Sneha (Maximum dose)

4. *According to Pāka Bheda*

Pāka Bheda is the method or degree of boiling of Sneha. Accordingly it can be divided in to following three types (Suśruta Cikitsā 31/11) –

(a) Mṛdu Pāka – When the boiling is mild.

(b) Madhya Pāka – When the boiling is moderate.

(c) Khara Pāka – When the boiling is maximum.

5. *According to its usage*

The Sneha is also classified according to its usage in following two groups (Suśruta Cikitsā 31/2)

(a) *Bāhya Sneha* (External Sneha) – The Bāhya Sneha can be used in following ways (Aṣṭānga Hṛdaya 16/14) –

(1) Abhyaṅga (Massage)

(2) Lepa (Paste like application of Sneha Dravya over body)

(3) Mardana (Rubbing of Sneha Dravya over body parts)

(4) Udvartana (Rubbing of the body with Sneha Dravya lightly)

(5) Sámvāhana (Gentle massage)

(6) Pāda Āghāta (Anointing of oil with feet)

(7) Mūrdha Taila (Application of oil on scalp)

(8) Gandūṣa (Keeping of sneha drava in the mouth)

(9) Karṇa Pūraṇa (Administration of Sneha Dravya in ears i.e. ear drops)

(10) Akṣhi Tarpaṇa (Instilling Sneha Dravya in the eyes i.e. eye drops)

(11) Parișeka (Affusion)

(12) Implantation of Picu in Yoni – (Inserting oil dipped cloth piece in vagina)

(b) *Ābhyāntara Sneha* (*Internal Sneha*) – When the Sneha Dravya is used internally, it is termed as Ābhyāntara Sneha. It can be used in –

(i) Bhojana (Meals)

(ii) Pāna (Drinking of Sneha Dravya)

(iii) Nasya (Errhines)

(iv) Vasti (Enemata)

6. *According to its nomenclature*

Sneha can be used with following three specific names –

(a) Accha Peyā

(b) Sadya Sneha

(c) Pānca Prāsritiki Peyā

7. *According to combination of two or more Sneha Dravyās*

It is described in Āyurvedic classics that one Sneha Dravya can be mixed with other one, which is known as "Miśra Sneha". According to the composition of Miśra Sneha, specific names have been given. These are of three types, (Aṣṭānga Hṛdaya Sutra 16/2)—

(a) *Yamala Sneha* (The mixture of two Sneha Dravyās)

(b) *Trivrita Sneha* (The mixture of three Sneha Dravyās)

(c) *Mahā Sneha* (The mixture of four Sneha Dravyās)

Uttama Sneha
(Best unctuous Sneha Dravyās)

Sneha Dravyās are plenty in number but great importance has been given to following four Sneha Dravyās. These are refrered to as four Uttama Sneha

(Aṣṭānga Hridaya Sutra 16/11)

1. Ghṛta (Ghee)
2. Taila (Oil)
3. Vasā (Fat)
4. Majjā (Bone Marrow)

Ghee is the best amongst all Sneha Dravyās because it has the power to assimilate effectively the properties of other substances without leaving its own properties. It is to be remembered that when ever no specific name of the oil to be used is mentiond, Tila taila (the oil of Sesamum indica) has to be used.

(Caraka Sūtra 13/13)

The selection and use of Sneha Dravyās is primarily done according to Doṣa predominance and the disease condition. Following are a few examples of Sneha Dravyās which are indicated according to Doṣa —

S.No.	Doṣa	Sneha Dravya Indicated
1.	Vāta Doṣa	a. Mūrchita Tila Taila (Sesame Oil) b. Daśamūla Taila c. Triphalā Ghṛta d. Daśamūla Ghṛta.
2.	Pitta Doṣa	a. Kshīra Balā Taila b. Pañca Tikta Ghṛta c. Śatāvari Ghṛta
3.	Kapha Doṣa	a. Vyoṣādi Ghṛta b. Triyuṣnādi Ghṛta c. Sahacarādi Taila

According to the properties of four Sneha Dravyās, Ācārya Vāgbhaṭṭa has given them a specific sequence i.e. Ghṛta, Majjā, Vasā and Taila. (Aṣtāṅga Hṛdaya Sūtra 16/2,3). Ghee is the best Pittaghana Dravya, then Majjā and Vasā are the mild

Pittaghana Dravya. Taila is not Pittaghana. Taila is the best Vātaghana Dravya, the Vasā and Majjā are the mild Vātaghana Dravya. Taila is heavy (Gariṣta) than Ghrita, Vasā is heavier than Taila and Majjā is heavier than Vasā.

Properties and Uses of Ghṛta (Sarpee - Ghee)

Ghṛta (Ghee) alleviates Pitta and Vāta Doṣa. It is good and conducive to Rasa Dhātu, Śukra Dhātu (Semen) and Ojus. It has got cooling and softening effect. Ghee produces clarity of voice and improves complexion. Ghrita improves intellect, memory, mental faculties, Agni and bodily strength. Medicated Ghee improves vision, is Vayasthāpana, is of great use in kṣata kshīṇa and Śoṣa Roga. Cow's Ghee is supposed to be the best. (Caraka Sutra 13/14,15, Aṣṭāṅga Hṛdaya Sūtra 16/8).

Indications for administration of Ghṛta (Caraka Sūtra 13/41-43)

1. Vāta Pitta Prakṛti
2. Diseases caused due to vitiated Vāta and Pitta Doṣa.
3. Those desirous of improving vision.
4. Those suffering from Phthisis and debilitating diseases.
5. In old aged people, children and females.
6. Those desirous of longevity.
7. Those desirous of strength and revitalisation.
8. Those desirous of melodious voice, progeny, tenderness in their body.
9. Those afflicted with injuries due to burns , weapons and poison.
10. Those desirous of improving mental faculties.
11. People having cachexia.
12. People suffering from mania, epilepsy, myalgia, fever etc.

Properties and uses of Taila (Medicated oils)
(Caraka Sutra 13/6, Suśruta Sūtra 45/112)

Taila (oil) alleviates Vāta and Kapha Doṣa. It is good for skin and gives strength to the body. Oil is Uṣana (hot), stabiliser and controls morbid disorders of female genital organs. Oil has Tīkṣaṇa (sharp) and Madhura (Sweet) Vipāka with Āgneya property. Oil is absorbed from the skin rapidly. It is subtle, spreading, heavy, fluid, potentiates skin, improves virility, intellect, softness of muscle tissues, colour and is good for eyes.

Tila Taila (Seasame oil) is the best for alleviating Vāta & Kapha Doṣa. It is Vyavāyi (spreads all over the body rapidly), aggravates Pitta Doṣa and is Lekhana in action. It promotes strength of skin, health, intelligence and power of digestion. When combined with other Dravyās Tila taila cures several diseases.

Indications for administration of Taila (Medicated oil) –

1. Those having excess of Kapha and Medā.
2. Those having Vāta dominant Prakṛti or having Vāta Vyādhi.
3. Those desirous of strength, slimness, laghutā, tenderness and smoothness of skin.
4. Those having costive bowels (krūra koṣtha)
5. Those afflicted with Nādi Vṛana.
6. Those who are accustomed to intake of Taila (Medicated) (Caraka Sutra 13/44-46).

Properties and uses of Vasā (Fat) –

Vasā is an Upadhātu of Mānsa Dhātu. Vasā is basically Vāta and kāpha nāśaka. It improves virility and oleation of the body. Vasā is recommended for those individuals who are in habit of performing heavy exercises. (Suśruta Sutra 45/131).

Indications for administration of Vasā (Fat) –

1. Who can withstand the strong winds and sun.
2. Roughness of the skin.
3. Emaciated persons due to heavy exertions due to long walk or due to carrying of heavy weights.
4. People having depleted amount of Śukra (Semen) and Rakta (Blood).
5. In people who have Kapha and Meda below normal.
6. Those having excruciating pain in joints, bones, veins, nerves, ligaments, vital organs and koṣṭha (visceral organs).
7. Those who are accustomed to intake of Vasā (Fat).
8. Persons having strong appetite.
9. People having fractures and poisioning.
10. Females having acute vaginal pain (yoni śūla).
11. Karṇa śūla (Pain in ears).
12. Those indulging in heavy exercises.

(Caraka Sutra 13/47-49)

Properties and uses of Majjā (Bone Marrow)

Majjā remains inside the bones. It is the heaviest (most difficult to digest - Gariṣtha) of all Snehās. The Majjā enhances strength, semen, and all Dhātus. It promotes physical strength, specially of bones.

(Caraka Sūtra 13/17)

Indications of administration of Majjā (Bone Marrow)

1. Those who have voracious appetite.
2. Those who can withstand excessive stress and strain.
3. Those who are accustomed to intake of Majjā.
4. Vāta dominant diseases.

5. Costive bowels (Krūra Koṣtha).

(Caraka Sutra 13/50)

Seasonwise administration of Snehana (Oleation Therapy)

There is a clear cut instruction that specific Sneha should be administered in a particular season according to following schedule –

1. Ghee (Ghṛta) is to administered in Śarada Ṛtu (Autumn season).
2. Fat (Vasā) and Bone Marrow (Majjā) should be administered in the month of Vaiśākha (April-May).
3. Oil (Taila) should be administered in Pravṛta Ṛtu (Rainy season).
4. In extreme conditions of weather (Extremely cold or hot season) the administration of Sneha Dravya (unctuous substance) should be avoided.

(Caraka Sūtra 13/18)

In Vāta Pitta Doṣa dominant diseases and in summer season the Sneha Dravya should be administered in the night hours. Similarly in Vāta Kapha dominant diseases and in winter season Sneha Dravya should be adminstered during day time.

(Caraka Sūtra 13/19)

Indications of Snehana Karma (Oleation Therapy)

Before the administration of the Sneha, factors like the status of Doṣās, nature of disease, season, Prakṛti of the individual (constitution), Bala (Physical strength) and Agni (Digestive fire) should be taken into consideration. Snehana Karma is indicated in following conditions –

1. Svedya, those who are to undergo Svedana (Sudation) therapy or eliminatory procedures (Śodhana therapy).
2. Who have rough and dry skin.
3. Who are suffering from Vāta Doṣa Dominant diseases.

4. People indulging excessively in physical exercises, wine and women.
5. Those who have persistent mental stress and strain.
6. Old aged persons, children and females.
7. Warriors.
8. Emaciated persons.
9. Those who have suffered excessive loss of blood and semen.
10. Those who are suffering from Timira (Cataract or Conjunctivitis).
11. Those who are not awakened from sleep timely.

(Caraka Sūtra 13/52, Aṣṭānga Hṛdaya Sūtra 16/56)

Contraindications of Snehana Karma (Oleation Therapy)

Snehana Karma is not recommended in following conditions –

1. Persons to undergo Rūkṣaṇa (Drying or Depleting) therapy.
2. In conditions of excessive aggravation of Kapha and Medā Dhātu (Fat).
3. In persons having profused discharge from mouth (saliva) and anus due to excessive aggravation of Kapha Doṣa.
4. Poor digestive power (poor appetite).
5. Excessive thirst and fainting.
6. Pregnant women.
7. Persons having aversion to food.
8. Persons suffering form emesis (vomiting) and Āma Doṣa (gastro intestinal disorders).
9. Food poisioning and poisioning.

10. Extremely weak and emaciated persons.
11. Severely dehydrated.
12. Aversion to Sneha Dravyās (unctuous substances).
13. Intoxication due to alcoholism.
14. Those who have undergone Vasti and Nasya therapy.
15. A female having premature delivery.
16. Acute fevers (Taruṇa Jwara), Rheumatoid Diathesis (Urustambha) and diarrhoea (Atisāra).
17. Improper season.
18. Voracious appetite (Tīkshṇa Agni).

(Caraka Sūtra 13/53-56, Suśruta Cikitsā 31/46-48)

Procedures of Snehana Karma

Snehana Karma can be performed by two ways –

(i) Internal Snehana (Ābhyāntara Snehana)
(ii) External Snehana (Bāhya Snehana)

Before administering Ābhyāntara (Internal) Snehana to an individual various factors are to be taken into considerations. They include-disease of the patient, his body strength, strength and stage of the Doṣās, whether the food taken in the previous night has been digested or not and the status of the koṣtha etc. Individual has to drink Snehana Dravya (unctuous substance) around sunrise by enchanting 'Mangala Vācana' (Holy Verses). The sky should be clear. The complete procedure of administration of Snehana Dravya can be described under three headings viz.

1. Pūrva Karma of Snehana Therapy (Pre-operative Procedure of Oleation therapy)
2. Pradhāna Karma of Snehana Therapy (Operative Procedure of Oleation Therapy)
3. Pascāta Karma of Snehana Therapy (Post-Operative Procedure of Oleation Therapy)

Specific activities are to be carried out during each step for smooth and successful conduction of Snehana Karma.

1. Pūrva Karma of Snehana Therapy (Pre-operative Procedures of Oleation Therapy)

Following points are to be kept in mind –

(a) *Examination of the patient* – Prakṛti (constitution), Vikṛti (organic lesions), Sāra (strength of the body) Samhanana (compactness), Pramāna (Proportionate relation of different organs), Sātmya (homologation), Satva (Mental state), Āhāra Śakti (Digestive Power), Vyayāma Śakti (Physical Power), Vaya, Age, Time of administration of unctuous substance and the dose of the Sneha Dravya to be administered are taken in to consideration. The patient should be subjected to Oleation therapy from 3 to 7 days before he is subjected to sudation therapy. If oleation therapy is continued for more than seven days, the unctuous substance becomes Sātmya (homologous) to the body and there is no use of continuing the Snehana Karma beyond the stipulated period.

(Caraka Siddhi 1/6)

A person with Mṛdu Koṣtha (laxed bowel) should be oleated only for three days. A person with Krūra Koṣtha (costive bowel) should be administered Sneha for a period of seven days. (Caraka Sūtra 13/65). Unctuous substance can be administered to an individual for a period of 3, 5 and 7 days for a Mṛdu Koṣtha (Lax bowel), Madhyama Koṣtha (Soft bowel) and Krūra Koṣtha (Costive Bowel) respectively.

There is another concept of administration of Sneha Dravya quoted by Ācārya Suśruta and Ācārya Vāgbhaṭṭa in this context. According to this concept a Snehana Dravya (unctuous substance) can be administered to a patient either from 3 to 7 days or till he gets the signs and symptoms of proper oleation therapy. (Suśruta Cikitsā 31/36, Aṣtāṅga Hṛdaya Sūtra 16/29).

(b) To determine Koṣṭha and Dosage of Sneha

The status of Koṣṭha (bowel) can be determined according to following considerations –

(i) Mṛdu Koṣṭha – If any of ghee, grape juice, milk, curd, sugarcane juice, hot water or jaggery produces purgation, it is reffered to as Mṛdu Koṣṭha.

(ii) Madhyama Koṣṭha – If the above items have only mild laxative effect then it is reffered to as Madhyama Koṣṭha.

(iii) Krūra Koṣṭha – If these items do not have any effect on the bowels it is reffered to as Krūra Koṣṭha.

According to the status of the Koṣṭha the dosage of Sneha Dravya can be determined according to the table given below –

S. No. of the day	Quantity of Sneha Dravya in ml.		
	Krūra Koṣṭha	Madhyama Koṣṭha	Mridu Koṣṭha
1.	50-75	25-50	10-30
2.	75-100	50-75	30-60
3.	100-150	100-150	60-120
4.	150-200	125-175	–
5.	200-250	200-250	–
6.	275-300	–	–
7.	350-400	–	–
Total	1200-1500 ml.	500-700 ml.	100-210 ml.

The administration of Snehana Dravya in a proper dose is very essential otherwise it may lead to many complications in the form of oedema, drowsiness, stiffness, unconsciousness, pruritis, fever, pain, constipation & giddiness etc.
(Aṣṭānga Hṛdaya Sutra 16/33)

There are three schedules of administration of Snehana viz. Hṛsva Mātrā, Madhyama Mātrā, Uttama Mātrā. But Ācārya

Suśruta has described that if Sneha Dravya is administered in excess dose, it may lead to various complications, therefore first dose of Sneha should be administered in a very small dose according to the status of the Agni. (Aṣṭānga Hṛdaya Sutra 16/32). This is termed as "Hrasiyasi Mātrā", which is also called as "test dose". Therefore following schedules of administration of Snehana should be considered –

1. Hrasiyasi Mātrā (test dose) – Depending upon the status of Agni it can be started from 20 ml. and may be increased gradually.

Depending upon the time taken for the digestion of Sneha Dravya it's dose shedule can be divided in to following three types.

Different Dose schedules of Sneha Dravya

S.No.	Dose	Digested (in hrs.)	Indications
1.	Hrasiyasi Mātrā	According to status of Agni	Used as a test dose
2.	Hrasva Mātrā	06 hrs.	Old aged, Children, Tender and delicate people, Mandāgni (decreased Agni), Fever, Diarrhoea, Cough, Emaciated and weak persons.
3.	Madhyama Mātrā	12 hrs.	Eruptions, Boils, Pimples, Pruritis, Papules, skin disease (leprosy etc), urinary disorders, Gout, laxed bowels, moderate Agni and strength.
4.	Uttama Mātrā	(a) 18 hrs.	Habitual users of sneha, resistance to hunger and thirst, Leprosy, Epilepsy, Mania, Snake bite, Dysurea, Erysipalis, acute constipation and distention of abdomen.
		(b) 24 hrs.	Severe vitiated Doṣās, very strong power of digestion and strong physical strength.

(c) *Pre Oleation dietary management* –

A day before administration of oleation therapy the patient should consume food in sufficient quantity. The contents of the food should be liquid (dravya), warm (uṣṇa) and should not have the materials which may obstruct the channels of circulation (Anabhiśayandi), the food should not be too greasy (unctuous) or mixture of two opposite qualities viz. Hot and Cold (Caraka Sūtra 13/60).

Such food having properties referred above is easily digested and flatus is also passed. Food taken in sufficient quantity enables the body mechanism to maintain the physiological equilibrium of Tridoṣa in the body viz. Vāta, Pitta and Kapha.

(Caraka Vimāna 1/37, 39)

(d) *Collection of necessary materials of Snehana Karma*

The materials needed for the administration of Snehana should be collected at one place before hand. Desired preparation of Sneha Dravya to be administered is to be collected well in advance in sufficient quantity. In case of any evantuality following diseases may develop as a complication to improper Snehana Karma – Agnimāndya (Anorexia), Aruci (Dyspepsia), Shūla (Abdominal Colic), Bhrama (Vertigo), Mūrcha (Syncope), Atisāra (Diarrhoea) and Chardī (Emesis) etc. Medicines which can manage effectively these diseases should also be readily available. These include Sanjīvani Vati, Āma Pācana Vati, Śankha Vati, Śivakṣāra Pācana Cūrna, Citrakādi Vati, Sūtaśekhar Rasa, Pravāla Piṣthi and Śankha Bhasma etc. Preparations to be used as Anupāna Dravya should also be available e.g. Luke warm water, Lemon water, Manda and Yūṣa etc.

(Aṣtāṅga Saṅgraha Sūtra 25)

2. Pradhāna Karma of Snehana Therapy (Operative Procedure of Oleation Therapy)

The Pradhāna Karma of Snehana therapy can be discussed under following heads –

(a) *Method of administration of Sneha Dravya*

Sneha Dravya (unctuous material) should be drunk by the patient around sun rise or latest by 7 to 8 A.M. in the morning. Before drinking the Sneha Dravya the patient should enchant Mantrās for keeping his mind under tranquility. The dose of the Sneha Dravya must be adjusted according to the status of Koṣṭhāgni. The unctuous substance which is to be selected for administration to the patient depends on the underlying disease e.g.

S.No.	Sneha Dravya	Disease Indicated
1.	Tikta Ghṛta, Mahātikta Ghṛta or Vāsā Ghṛta	Skin and blood disorders
2.	Kalyāṇa Ghṛta, Brāhmi Ghṛta, Mahākalyāṇa Ghṛta	Mental disorders, Epilepsy, Insanity etc.
3.	Maha Sneha, Pañcatikta Ghṛta Guggulu	Paraplegia

Normally the Sneha Dravya is to be administered in the following incremental dose (untill specified otherwise) only when Vamana and Virecana are to be done –

Dosage Schedule

Test dose	20 ml.
1st day	30 ml.
2nd day	40-50 ml.
3rd day	70-80 ml.
4th day	120 ml.
5th day	150 ml.
6th day	180 ml.
7th day	210 ml.

This incremental dose of Sneha should be stopped at the stage where Samyaka Snigdha Lakṣanās (signs and symptoms of proper oleation) appear. The incremental schedule can be continued up to 10th day if necessary. Whenever there is nausea or vomiting at the time of intake of Sneha Dravya, luke

warm water should be given for drinking purpose. Mixture of lemon juice, water and sugar in sufficient quantity should be recommended for drinking along with the Sneha. Following Anupāna Dravyās (Adjuvants) are recommended along with Sneha Dravya –

S.No.	Anupana (Adjuvant)	Sneha Dravya
1.	Ushṇodaka (Lukewarm Water) (Except in Tuvaraka Taila and Bhallātaka Taila, where cold water is to be given)	In all types of Sneha Dravyās, especially Ghee
2.	Yūṣa (Vegetable soup)	Taila (Oils)
3.	Manda (Gruel)	Vasā (Fat), Majjā (Bone marrow)

(Caraka Sūtra 13/22, Aṣṭāṅga Hṛdaya Sūtra 16/23)

It is important to observe whether the Sneha Dravya has been digested or not, because this is the guiding factor for the increase in the quantity of Sneha Dravya the next day.

(b) *Manifestations of Jiryamāna (Under digestion) Sneha Dravya*

1. Headache (Śiro Rujā)
2. Giddiness (Bhrama)
3. Excessive Salivation (Lālā Srāva)
4. Coma/syncope (Mūrchā)
5. Tiredness (Sāda)
6. Exertion/Neurasthenia (Klama)
7. Thirst (Triṣa)
8. Burning in body (Dāha)
9. Malaise (Arati)

(Aṣṭānga Saṅgraha Sūtra 25)
(Suśruta Sūtra Cikitsā 31/33)

(b) *Manifestations of properly digested Sneha Dravya (Sneha Jīrṇa)*

1. Alleviation of symptoms of undigested Sneha Dravya
2. Feeling of lightness in the body (Laghutā)
3. Proper Passage of flatus (Vatānulomana)
4. Improved appetite (Kshudhā Pravṛtti)
5. Feeling of thirst (Triṣā Pravṛtti)
6. Adequate belching/eructations (Udagāra Śuddhi)

(Aṣtānga Sangraha Sūtra 25)

After the Sneha dravya administered is fully digested the patient should be asked to take hot water bath. Luke warm gruel should be given to the patient for drinking which should contain more of fluid and less of rice. Afterwards yūṣa prepared with very little amount of Ghee and without meat soup may be given to the patient to drink. If no complications occur than the next morning the Sneha Dravya is to be administered in the incremental dose to the patient.

(Caraka Sūtra 31/34, 35)
(Suśruta Cikitsā 31/33)

(c) *Features of Samyaka (Adequate) Snehana*

1. Improved digestive power (Agni Dīpti)
2. Avertion to fat (Snehodweṣa)
3. Loose motions (Asanhata Varchā)
4. Lightness in the body (Anga Lāghawa)
5. Smoothness in the body (Gātra Mārdawa)
6. Smoothness in the body (Snigdha Gātratā)
7. Oleus stools (Snigdha Puriṣa)
8. Oleus skin (Snigdha Twaka)
9. Passage of flatus (Vātānulomana)

10. Visual fats in the stools (Adhstāda Snehadarśana)
11. Neuraesthenia (Klama)
12. Lethargy (Śaithilya)

(Caraka Sūtra 13/59)

(d) ***Features of Asnigdha (Inadequate) Snehana***

1. Hard stool (Grathita Puriṣa)
2. Dry Stool (Rukṣa Puriṣa)
3. Weak digestive power (Agnimāndya)
4. Movement of Vāta upwards (Vāta Pratilomana)
5. Roughness of body (Gātra Kharatā)
6. Dryness of body (Gātra Rukṣatā)
7. Burning sensation in chest (Urovidāha)
8. Weakness (Daurbalya)
9. Discolouration of the body (Durvarṇatā)
10. Late digestion (Kṛcchra Annapācana)
11. Features opposite to those of Samyaka Sneha (Susnigdha Viparyaya)

(Caraka Sūtra 13/57, Suśruta Cikitsā 31/51, 52)

(e) ***Features of Atisnigdha (Excessive) Snehana***

1. Paleness in the body (Pāndutā)
2. Heaviness of the body (Gaurava)
3. Stiffness of the body (Jādayatā)
4. Stool indicative of indigestion (Puriṣa Apakwatā)
5. Drowsiness (Tandrā)
6. Anorexia (Aruci)
7. Nausea (Utkleśa)

8. Excessive Salivation (Mukhasrāva)
9. Discharge from anus (Guda Srāva)
10. Nasal secretions (Ghrāna Srāva)
11. Burning sensation in the anus (Guda Dāha)
12. Dyspepsia (Bhakta Dveṣa)
13. Frequent mucoid stools (Pravāhikā)
14. Frequent evacuation of bowels (Pūriṣa Ati Pravṛtti)
(Caraka Sūtra 13/59, Suśruta Cikitsā 34/54, Aṣtānga Hṛdaya Sūtra 16/31)

(f) *Sneha Vyāpada* **(Complications of Snehana Karma)**

The complications of Snehana Karma (Oleation therapy) are produced due to following reasons –

1. The time of administration of Sneha Dravya is improper.
2. Sneha Dravya is administered in improper dose.
3. When the unctuous substance is taken in to excessive quantity.
4. When the regimen to be followed after Snehana Karma is improper.
(Caraka Sūtra 13/79)

Two types of Sneha Vyapada (complications) are produced due to improper Snehana therapy –

1. Acute complications
2. Chronic complications

Acute complications arising due to improper Snehana Karma include following conditions –

1. Indigestion (Ajīraṇa)
2. Thirst (Triṣnā)
3. Unconsciousness (Sangiyā Nāśa)

4. Drowsiness (Tandrā)
5. Nausea (Utkleṣa)
6. Tympanitis (Ānāha)
7. Fever (Jwara)
8. Stiffness (Stmbha)
9. Anorexia (Aruchi)
10. Pain in abdomen (Shūla)
11. Improper digestion (Āma Pradoṣa)

(Caraka Sūtra 13/75, 76)

Chronic Complications arising due to improper Snehana Karma include following conditions–

1. Leprosy, skin diseases (Kuṣtha)
2. Pruritis (Kandu)
3. Anaemia (Pāndu)
4. Oedema (Śotha)
5. G.I.T. disorders (Udara Roga)
6. Sprue (Grahani)
7. Piles (Arṣa)
8. Feeling of stiffness (Staimitya)
9. Difficulty in speech (Vāka Graha)

(Caraka Sūtra 13/75,76)

Treatment of Sneha Vyāpada

1. The main treatment of Sneha Vyāpada is the frequent use of luke warm water, which digests Sneha, Āma Doṣa and regulates Vātānulomana.

12. If there is excess of Triṣa (thirst) then induce emesis.

3. When the patient feels hungry he should not be given regular meals but Ācārya Vāgbhata has suggested that the patietn should be managed properly with judicious use of Vamana, Svedana, Rukṣa Annapāna (edibles without Sneha Dravya), Takrāriṣta, Pippalī, Triphalā, Madhu, Haritakī, Guggulu and Cow's urine (Caraka Sūtra 13/78, Aṣtānga Hṛdaya Sutra 16/33, 34). Ācārya Bhāvaprakāśa has recommened cold medicated milk (Pāyasa) (Bhāva Prakāś Purva Khanda).
4. Śankha Vati, Sanjīvani Vati, Śankha Bhasma, Sūtaśekhara Rasa, Śivakṣāra Pācana Curna etc. are good remedies.
5. Kuṣtha (leprosy), Kandu (Itching), Pāndu (Anaemia) Jādhya (Stiffness) and Grahani Roga (Sprue) etc. if developed, should be managed according to their line of management.

Post Snehana Regimen
(Management after Oleation Therapy)

An individual who has undergone Oleation therapy should stick to following instructions to as many days as Snehana karma is performed –

1. Use of warm water for drinking and bathing (Uṣnodakopacāra)
2. Asbstinence from sexual activities (Brhmacarya)
3. Only night sleeping (Ksapāṣaya)
4. To avoid supression of natural urges (Vegāwarodha Varjana)
5. To avoid speaking loudly (Uchcha Vācana Varjana)
6. To avoid anger and anxiety (Śoka, Krodha Varjana)
7. To avoid exposure to heat and cold (Hima Tāpana Varjana)
8. To avoid walking in open air (Prāvata Varjana)

9. To avoid exercise and hard work (Vyāyāma Varjana)
10. Bed rest (Śayāsana)
11. To avoid active movements and journey
12. Suitable posture (Samasthitaha)
13. To avoid smoke, fumes and dust (Dhūma, Rajānśa Varajana)
14. To avoid day sleep (Divā Swapana Varjana)
15. To avoid night arousal (Rātri Jāgarana Varjana)
16. Abhiṣyandi Rukṣana Varjana (To avoid coarse and constipating diet)

   (Caraka Sūtra 13/62, 63, Aṣtānga Hṛdaya Sutra 13/26, 27, Suśruta Uttara Tantra 1/35)

Śhamana Sneha

It is indicated for palliation of diseases. During this process instead of giving meals during meal hours, patient is recommended Sneha. It is recommended in Madhyama Mātra as Achcha Sneha (without mixing Sneha with any material). For śamana sneha the medicated Sneha should be given between 9 to 10 a.m. in the morning and 5 to 6 p.m. in the evening. It may be given three times a day also. After 1 to 2 hours of administration of Śamana Sneha principal meals can be given to the patient.

(Aṣtāṅga Hṛdaya Sūtra 16/9)

Bṛmhaṇa Sneha

Bṛmhaṇa Sneha is to be administered with the contents of meals e.g. with Māṁsa Rasa (meat soup) Madya (Alcohol), vegetables or cereals. It can be administered with milk, sugar, curd, soups. It is to be given in very minor dose, even less than Hrasiyasi dose. (Aṣtāṅga Hṛdaya Sūtra 16/19)

Concept of Administration of Sneha Dravya alone (Achcha Peya) or In combination with some other materials (Pravicārana)

1. *Achcha Peya* – Achcha Sneha – This is method of administration of pure Ghee without mixing it with any carrier substance. This is the best way of inducing Snehana. It is recommended in people who can digest Sneha early or Sneha is Sātmya (homologous) to them or who can with stand extreme conditions of stress and strain. There should not be excessive cold or hot weather. Achcha Peya induces Snehana of the body very promptly.

(Caraka Sūtra 13/26, Suśruta Cikitsā 31/21)

2. *Sneha Vıcaranās* – When the Sneha Dravya is administered to the patient after mixing it with some carrier substance, it is termed as Sneha Vicāraṇā. The idea of this concept is to administer Sneha Dravya to patients or healthy individuals in some altered form. This is indicated in persons who have natural avertion to Sneha Pāna, who have Mṛdu Koṣtha or in persons who are addicted to alcoholism. Following are 24 Sneha Vicāranās –
   - i. Odana – Bhāta (mixed with rice)
   - ii. Vilepī – A type of gruel prepared with four times of water.
   - iii. Rasa – (Juices / soups)
   - iv. Maṁsa – (Meat)
   - v. Dugdha (Milk)
   - vi. Dahi – (Curd)
   - vii. Yavāgu (A type of gruel prepared with 6 times of water.
   - viii. Soups (Pulses)
   - ix. Śāka (Vegetables)
   - x. Yūṣa (A type of gruel prepared with 14 times of water)

xi. Kāmblika (It is sour milk mixed with curd, rock salt, unctuous substance and Tila)

xii. Khada (Kadi) – Buttermilk boiled with sour vegetables and spices.

xiii. Saktu – (Roasted grain flour)

xiv. Tila Pişta (Pastery prepared with Tila)

xv. Madya (Alcohol, Liquors)

xvi. Leha (Linctus)

xvii. Bhakshyānna (Food material requiring mastication)

xviii. Abhyanga (Massage)

xix. Gandūṣa (Moving medicated liquids inside mouth)

xx. Karṇa Pūraṇa (Instilling medicated oils in ears)

xxi. Nāsā Tarpaṇa (Errhines – Nasya)

xxii. Akṣi Tarpaṇa (Instilling medicated oil/ghee in and around the eyes)

xxiii. Vasti (Enemata)

xxiv. Uttara Vasti (Douche)

(Caraka Sutra 13/22-25)

Sadya Sneha (Method of immediate Oleation Therapy)

When Snehana is desired to be done at the earliest possible with in a day it is called as Sadya Sneha. Specific drugs along with Sneha are given in Sadya Sneha.

(Suśruta Cikitsā 31/3-8, Dalhaṇa)

Indications for immediate Oleation

1. Children
2. Old aged persons
3. Those who are not in a position to follow the regimen during the Oleation therapy
4. Those who are not enraged (Furious)

Preparations to be used for Sadya Sneha

1. Meat Juices/Meat soups
2. Gruel roasted in Ghee
3. Unctuous material, powder of Tila & Phāṇita (a preparation of sugar)
4. Unctous material, Tila, Phāṇita and Kṛṣarā (a preparation of pulses and rice).
5. A gruel prepared with milk and Ghee.
6. Pānca Prāsritika Peyā – Peyā is the term given to a preparation of rice which is made by boiling the materials in 14 times of water. Peyā prepared with ghee, oil, fat, bone marrow and rice – each approximates 96 gms, it is to be boiled with 14 times of water. This is called as Pañca Prāsritika Peyā which can induce Sadya Snehana.

All the preparations are to be given along with rock salt to produce immediate oleation (Aṣtānga Hṛdaya Sūtra 16/40-43, Caraka Sūtra 13/90). Ācārya Caraka has described a specific preparation made of Pañca Prāsritika and Pāyas (milk) mixed with Urada, which induces Sadya Snehana

(Caraka Sūtra 13/86)

Ācārya Suśruta has described following Sadya Snehaka (immediate oleating) preparations –

1. Pippalī (Piper longum), Rock salt, Ghee, Tila Taila, Fat, Bone marrow, Mahā Sneha, Curd, Water portion of sour milk.
2. Gruel mixed with sufficient quantity of meat soup, and Phāṇita.
3. Small quantity of rice, milk, ghee in large quantity.
4. Pippalī, Rock salt, Ghee, Paste of Tila, Fat of pig

(Suśruta Cikitsā 31/38-44)

Unctuous drink must be prepared with rock salt to produce immediate oleation in an individual. Due to following properties rock salt is capable of inducing immediate oleation. Probably this is the reason of mixing rock salt in oil based Vasti Dravyās.

Properties of Rock Salt –

1. Anābhiṣyandi – it dose not obstruct the Srotās (micro circulatory channels).
2. Unctuous
3. Sūkṣama (which can pass through micro-circulatory channels)
4. Uṣna (having Tejasa Mahābhūta)
5. Vyavāyi (which gets digested only after it is spreaded all over the body)

Time schedule of Vamana Ādi Karmās (Emesis etc. Pañcakarma) after proper oleation therapy

There is a specific sequence of Vamanādi karmās (Pañcakarma) after proper oleation therapy as is shown in the table below –

Schedule of Svedanādi Pañcakarma after Snehana Karma–

S.No	Type of Snehana	Day of Svedana	Day of Vamana	Day of Virechana
1.	Avara Snehana (Hṛsva – Minor)	4th day	5th day	7th day
2.	Madhyama Snehana (Medium – Moderate)	6th day	7th day	9th day
3.	Pravara Snehana (Uttama – the best, maximum)	8th day	9th day	11th day

(Caraka Siddhi 1/6, Caraka Sūtra 13/80, 81, Craka Cikitsā 4/48)

Bāhya Snehana (External Oleation Therapy)

As stated earlier that Snehana can be produced in the body by following two methods –

1. Ābhayāntara Snehana (Internal Oleation)
2. Bāhya Snehana (External Oleation)

Ācārya Caraka has not mentioned the Bāhya Snehana in the chapter of Snehana. Majority of Bāhya Snehana Karmās are used in daily life hence they are described in Dinacaryā (Daily Regimen) and Ṛītucaryā (Seasonal Regimen). Following 14 types of Bāhya Snehana are described in Āyurvedic classics at various places –

1. Abhayaṅga (External Massage)
2. Lepa (Medicated Paste Application)
3. Udavartan – Utasādana (Massage with little pressure in a direction from feet towards head)
4. Mardana- Unmardana (Massage with high pressure)
5. Pādāghāta (Massage with feet with tremendous pressure)
6. Pariṣeka (Affusions)
7. Sanvāhana (Soothing & Soft Touch with a very gentle massage)
8. Gandūṣa and Kavala Graha (Gargling)
9. Mūrdha Taila – Śiras Tarpaṇa (Oleation of the Head)
10. Akṣi Tarpaṇa (Keeping unctuous substance in eyes)
11. Nāsā Tarpaṇa (Pouring unctous material in the nostrils)
12. Karṇa Pūraṇa (Instilling Sneha Dravya in ears)
13. Māstiṣkya (Śirolepa)
14. Snehāvagāhana (Oil Bath)

Brief description of these Bāhya Snehana Karmās is given below –

1. Abhayaṅga (External Massage)

Abhyanga is defined as a procedure of anointing of oil/ other Sneha Dravya over the body. Abhyaṅga or massage is used for relaxation as well as giving tone to the muscles, for promoting the blood circulation and for treating various disorders. It gives a glossy and soft appearance to the skin, protects against the vitiation and aggravation of Vāta and Kapha Doṣa. Abhyaṅga improves colour and strength of the body. Ācārya Suśruta has recommended the use of Ghṛta, Taila or any other Sneha Dravya according to the Prakṛti (constitution), season, adaptability, Doṣa, Deṣa, Kāla and the underlying disease. (Suśruta Cikitsā 24/34).

Although any type of Sneha Dravya can be used for the purpose of Abhyaṅga but Taila (oil) being cheap and readily available is mostly used for the purpose of Abhyaṅga. Therefore "Abhyaṅga" is also reffered to as "Taila Abhyaṅga".

Contraindication of Abhyaṅga

Although Abhyaṅga has several plus points but it is contraindicated in following conditions –

1. Kapha dominant diseases
2. After Vamana or Virecana therapy
3. Ajīrṇa (Indigestion, Āma Doṣa)
4. Acute Fevers
5. Diseases caused due to Santarpaṇa

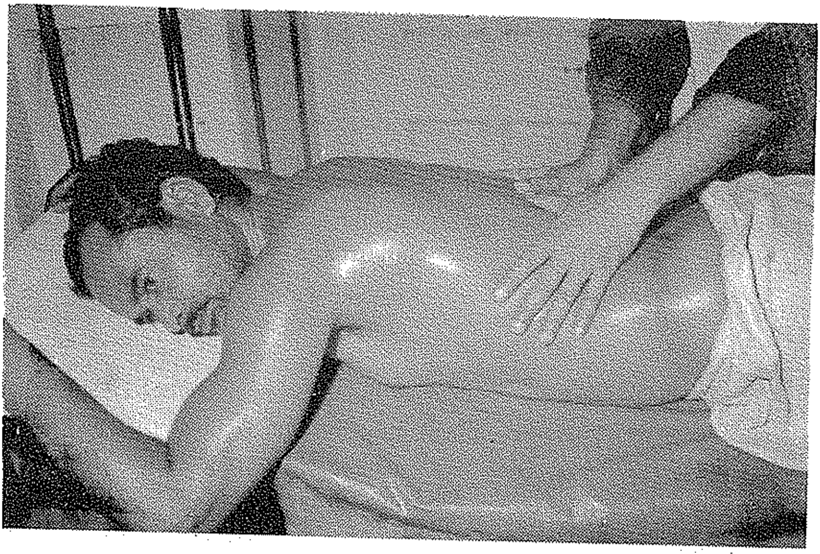
(Aṣtānga Hṛdaya Sūtra 2/9, Suśruta Cikitsā 24/35-37)

The Method of Abhyaṅga

Abhyaṅga must be done over head, ears and feet (Aṣtānga Hṛdaya Sutra 2/9). For massaging the head cold oil or luke warm oil should be used. Rest of the parts of the body should be massaged with luke warm oils. In cold seasons Uṣṇa (Tejas Mahābhūta dominant) Taila and in hot seasons cold (Jala Mahabhūta dominant) Taila are to be used.

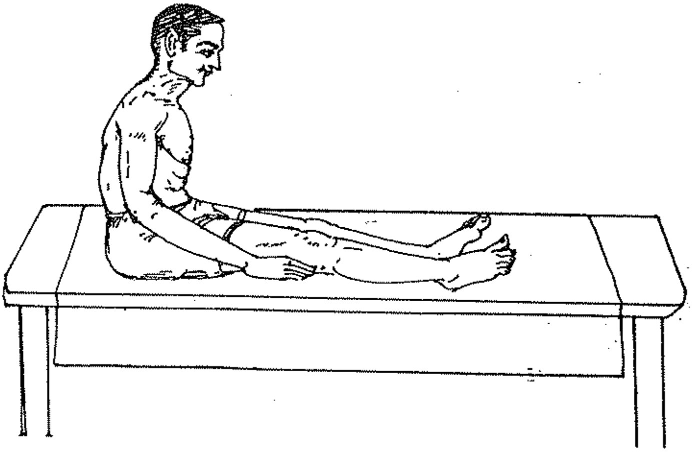


Sthānika Abhayanga (Localised massage)



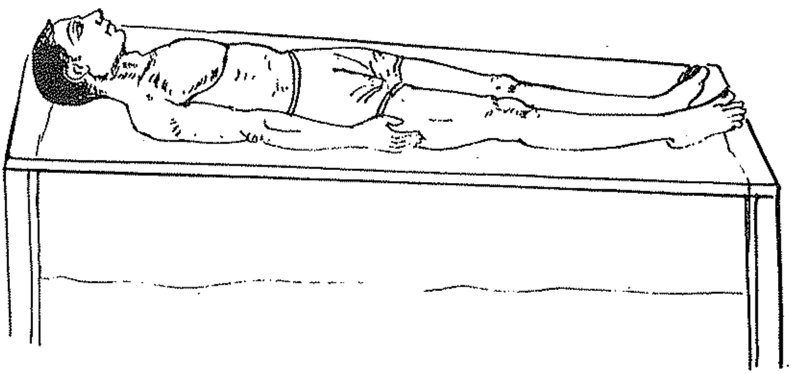
Sarvāñga Abhayanga (Generalised massage)

1. Postures for Massage/Fomentation



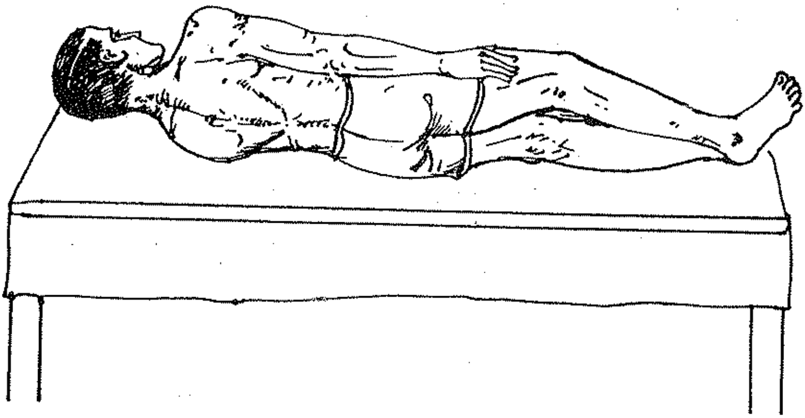
Posture I: Sitting with legs extended on 90°, keeping the hands on the two sides. This postures is used especially for massaging/ fomenting Arms, chest, back and legs.

2. Postures for Massage/Fomentation



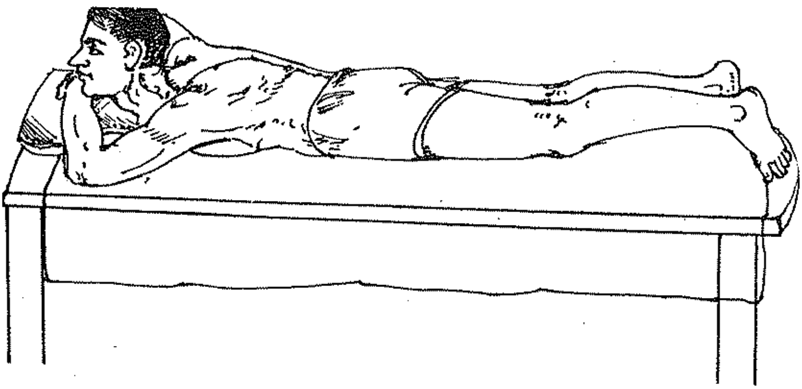
Posture 2: Lying down on back in supine posture for massaging/ fomenting chest, both loins / flanks, arms and legs (front part of the body)

3. Postures for Massage/Fomentation



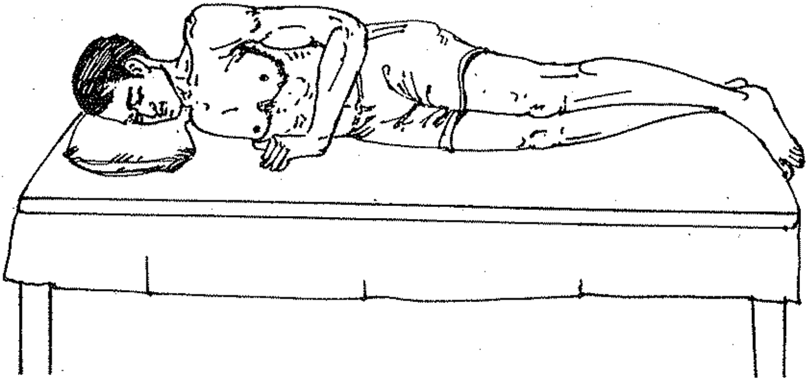
Posture 3: Lying down on the left side of the body. This posture is good for massaging/fomenting right lateral parts of the body, right arm, right thigh, right leg and right foot

4. Postures for Massage/Fomentation



Posture 4: Lying down on Thoraco-abdominal side of the body. This posture is good for massaging / fomenting posterior parts of the body viz. Back, both flanks/loins, sacral area, thighs, legs and feet

5. Postures for Massage/Fomentation



Posture 5: Lying down on the right side of the body. This posture is good for massaging/fomenting left lateral parts of the body, left arm, left thigh, left leg and left foot

Direction of Massage

1. Over larger areas or big organs – Massage is to be done in downward direction that is away from the heart.
2. Over joints and lower back – massage is to be performed in circular form.

The main purpose of massage is to stimulate the blood circulation of internal organs. To achieve this objective the patient has to be given massage in seven different postures.

Seven postures for massaging the body

1. Sitting posture with extended legs
2. Lying down in supine posture
3. Lying down in left lateral position
4. Over the back region by lying down on the front side of the body
5. Lying down in right lateral position

6. Lying down in supine posture
7. Sitting posture with extended legs

Like any other Pañcakarma measures massage is used for Śodhana & Śamana purposes. Following four areas or systems should be given due concentration with respect to the direction and pressure application during the massage therapy –

1. In relation to heart and circulation
2. In relation to muscles
3. Lymphatic drainage
4. Vital parts, Joints and Abdomen etc.

Knowledge about origin and insertion of muscles and joint structure helps to determine the direction of massage. In conditions where there is venous stasis e.g. congestive heart failure and lymphoedema the direction of massage should be aimed to promote circulation.

Duration of Massage –

Generally massage of the body is to be done from 15 to 35 minutes. Massage should be carried out in different seven postures from 2 to 5 minutes, in each posture, depending upon the underlying disease. If the massage is to be done only to a particular localised area e.g. one limb or head region, massage should be done at least for 15 minutes. Following schedule of massage can be adopted as a guideline for massage as a Pūrva karma to main procedures of Pañcakarma therapy –

Before Vamana	– 4 times at the interval of 12 hours
Before Virecana	– 8 times at the interval of 12 hours
Before Vasti	– Every therapeutic enema has to be preceded by massage and fomentation.

The oii or Sneha applied to a particular part takes stipulated time to reach the particulars tissues. Therefore it is important that the massage of that area should be gentle and from 2 to 15 minutes. After the massage is over, the patient should take rest for about 15 minutes. Afterwards the patient should be asked to take bath with lukewarm water, using flour of gram, which is to be rubbed at various parts of body.

Properties and benefits of Massage therapy

Proper and regular practice of massage therapy produces following benefits in the body. Ācārya Caraka has described that Vāta is predominant in the tactile sensory organs which are located in the skin. Massage of the skin, if practiced regularly, is very useful and beneficial. Massage (Abhyanga)

1. Delays ageing process
2. Relieves exertion/tiredness/weakness due to various physical activities
3. Relieves and controls vitiated Vāta Doṣa in the body
4. Improves eye sight / vision
5. Strengthens the body
6. Induces sound sleep
7. Improves the quality of skin, making it tender, delicate and strong
8. Protects the body from stress, exertion and diseases due to vitiated Vāta Doṣa
9. Resists the body against Kaphaja and Vātika disorders
10. It tones up all body tissues, improves lusture and texture of the skin, skin becomes strong and attains a beautiful look

(Caraka Sūtra 5/85, 87 to 89, Suśruta Cikitsā 24/30)

Types of Oils used for Massage

Depending upon the involvement of Doṣa, various types of oils are to be used for massage therapy as indicated below—

1. *Oils used for head massage*
   (a) Candanādi Taila
   (b) Brāmhi Taila
   (c) Jyotiṣmati Taila
   (d) Nīlagiri Taila
2. *Oils used for body massage*
   (a) Vātika disorders (i) Nārāyana Taila
   (ii) Balā Taila
   (iii) Daśamūla Taila
   (b) Paittika disorders (i) Kṣīra Balā Taila
   (ii) Candanādi Taila
   (iii) Candana Balālākṣādi Taila
   (c) Kaphaja disordes (i) Sahacarādi Taila
   (ii) Daṣamūla Taila

2. Lepa (Medicated Paste Application)

When medicinal paste is applied over the affected part, it is called as Lepa. When any Sneha material is added to medicated paste and applied over the affected body part it is termed as Sneha lepa.

Indications—

1. Neuritis (Tvagagata Vāta)
2. Myalgia (Māmsagata Vāta)
3. Diseases of nerves and ligaments (Snāyu Roga)
4. Neurological Disorders (Vāta Vyādhi)

5. Vāta Rakta

Lepa is of three types—

(a) *Pralepa*—It is applied thin and cold with an absorbing or non absorbing properties.

(b) *Pradeha*—It is applied when it is either thick or thin, warm or cold and acts as a non-absorbent.

(c) *Ālepa*—It stands between Pralepa and Pradeha.

(Suśruta Sūtra 18/4–6)

3. Udavartana – Utasādana

Anointing the body with oils or some other materials with a specific pressure, in Pratiloma direction (from feet towards head) is called as Udvartana or Utsādana. It is of two types—

1. Snigdha (unctuous) – Indicated in emaciation
2. Rukṣa (dry) – Indicated in obesity

Ācārya Caraka has used the term "Śārira-Parimārjana" for Udavartana. Ācārya Suśruta has classified Udavartana into following three types—

(a) Udavartana

(b) Udgharṣaṇa

(c) Utsādana

(Caraka Sūtra 5/93, Suśruta Cikitsā 24/56)

Uses of Udavartana—

Following uses of Udavartana are commonly noticed–

1. Alleviates Kapha Doṣa (Kapha Doṣa Śāmaka)
2. Wards off Fat (Meda Dhatu Vilayana)
3. Body tissues and organs become strong
4. Improves texture of the skin

5. Alleviates Vāta Doṣa (Vāta Śamana)
6. Opens microcirculatory Channels (Śira Mukha Viśodhana)
7. Improves skin absorption (Promotes Rasāgni or Tvakāgni)
8. Produces feeling of lightness in the body (Śarīra lāghawatā)
9. Eliminates bad smell from the skin / body
10. Alleviates drowsiness (Tandrā Nāśaka)
11. Relieves itching (Kandū Praśamana)
12. Removes the unwanted and unpleasant toxins and bad smells produced due to sweating (Caraka Sūtra 5/93, Aṣṭānga Hṛdaya Sūtra 2/15, Suśruta Cikitsā, 24/51)

4. Mardana – Unamardana

In Abhyaṅga, Lepa and Udavartana no or little pressure is applied over the affected parts of the body. When oil is massaged over the body with considerable pressure it is termed as Mardana or Unmardana. Mardana can be performed over respective muscles or muscle groups with luke warm oils.

Uses: Mardana or Unmardana removes the fatigue of muscles, relieves myalgia and neuralgia and induces a feeling of lightness in the body.

(Aṣṭānga Hṛdaya Sūtra 2/12, Suśruta Cikitsā 4/6, 8)

5. Pādāghāta (Massage with feet with tremendous Pressure)

Massage of the body with medicated oils with tremendous pressure of feet is called as Pādāghāta. Ācāraya Vāgbhata has described Pādāghāta in reference to Ṛtucaryā (seasonal regimen). Initially Tailā Abhayaṅga and Mardana is performed, which is followed by Pādāghāta. This therapy is more in practice in Southern parts of India. It is very important to keep in mind that a person who will be doing Pādāghāta, his feet should be clean, without ulcers, soft and in

hygeinic conditions and the person should be of average weight.

Uses: The body becomes very strong and immune to diseases.

(Suśruta Cikitsā 24/40, Aṣṭaṅga Hṛdaya Sūtra 3/10)

6. Pariṣeka (Affusions)

Pouring the stream of medicated decoctions, milk, Taila, Ghee, Takra or Meat juices (meat soup) over the body of the patient is called as Pariṣeka (Affusion). Seka, Secana, Parisecana etc. are the synonyms of Pariṣeka. Ācārya Caracka, Suśruta and Vāgabhata have described many Pariṣekās while describing the treatment of Vāta Rakta, Vātavyādhi, fractures and Vṛana.

Uses of Pariṣeka

1. Alleviates vitiated Vāta Doṣa
2. Removes weakness of the body
3. Heals fractures
4. Relieves the pain in various types of injury due to various causes.

(Suśruta Cikitsā 24/29-30)

7. Sanvāhana (Soothing and soft touth with a very gentle massage of the patient)

It is the process by which the body feels comfortable and happy due to very soft, soothing and gentle touch with the help of Sneha Dravyās. The gentle touch of the body of the patient induces a feeling of extreme pleasure in him.

Uses -

1. Produces feeling of comfort, happiness and pleasure in the patient.

2. Induces sound sleep.
3. Promotes virility.
4. Alleviates vitiated Kapha and Vāta Doṣa.
5. Removes feeling of exertion / tiredness.

(Suśruta Cikitsā 24/68, 5/16)

8. Gandūṣa and Kavala Graha (Gargling)

Gandūṣa is the term given to a process in which specific liquid is filled in the mouth, which can not be moved freely and it is expelled out of mouth after some time.

Kavala Graha (*Gargling*) is the process in which medicated fluid is filled in the mouth in such an amount that it could be easily moved to and fro. It is retained for some time in the mouth and then it is expelled out.

(Suśruta Cikitsā 40/62)

Uses of Kawala and Gandūṣa

1. Adds strength to Jaws.
2. The voice becomes forceful and clear.
3. Corrects and improves the tonicity and power of muscles of mouth.
4. Adds taste and desire for food.
5. Prevents dryness of throat.
6. Stops cracking of lips.
7. Caries tooth is avoided and teeth are maintained in good health. Other diseases of teeth are also prevented and the individual can chew very hard substances.
8. Sound health of the gums is maintained.

(Caraka Sūtra 5/78-80, Suśruta Cikitsā 24/12)

9. Mūrdha Taila - Śiras Tarpaṇa (Oleation of the head)

Keeping of medicated oils for a suitable period over the head of an individual is called as Mūrdha Taila or Śiraṣ Tarpaṇa. Ācārya Vāgbhata has classified Mūrdha Taila in to following 4 types –

1. Śiro Abhyanga (Anointing of head with medicated oils)
2. Śiraha Seka (Pouring of oil over the head)
3. Śiraha Picu (Keeping a cloth piece dipped in oil over the head)
4. Śiro Vasti (Keeping the oil over head in a specialized cap like apparatus).

(Aṣtānga Hṛdaya Sutra 2/23)

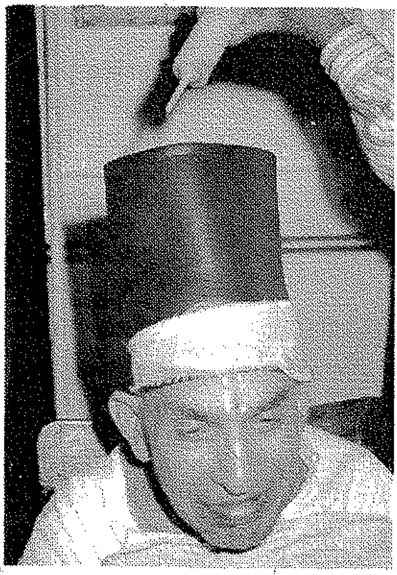
Uses of Śiras Tarpana

1. Effective in headache and migraine
2. Checks baldness
3. Prevents greying of hair (Pālitya)
4. Stops fall of hair (Khālitya)
5. Head, scalp and forehead become very strong
6. Hair become black, long and deep rooted
7. Sense organs become more sharp and work effective
8. Facial skin looses wrinkles and face becomes smooth and shiny
9. Induces sound sleep and happiness

(Caraka Sutra 5/81-83)

10. Akṣi Tarpaṇa (Instilling Sneha Dravya in and around the Eyes)

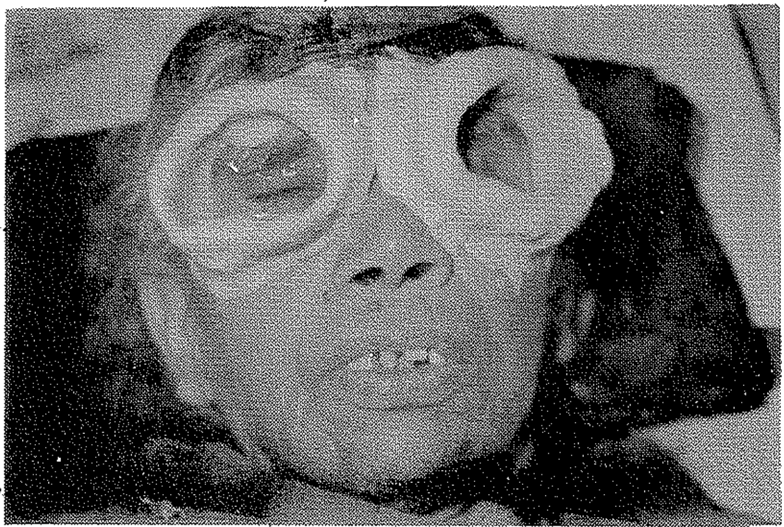
It is a process of putting the Sneha Dravya (unctuous Substance) in and around the eyes.



Śirovasti in a patient of Cerebral Atrophy

Indications of Akṣi Tarpaṇa —

1. Blurring of vision
2. Stiffness of eyes
3. Dryness in the eyes
4. Injuries to eyes
5. Vāta and Pitta Doṣa dominated eye diseases.
6. Squint
7. Śīrṇapakṣama
8. Avilekśama
9. Difficulty in closing and opening the eyes (Kṛchonmīlana)
10. Trachoma (Śiraharṣa)
11. Diseases of Scelera (Śirotpāta)
12. Sub conjunctival Haemorrhage (Arjuna)



Akṣhi Tarpaṇa in a patient of poor vision

13. Conjunctivitis (Abhiṣyandi)
14. Glaucoma (Adhimantha)
15. Vāta prayāya
16. Corneal Ulceration (Śukra Roga)
17. Pain in eyes
18. Loss of Secretions of lacrymal fluid.

(Aṣtānga Hṛdaya Sūtra 24/1-3)

11. Nāsā Tarpaṇa (Pouring Unctuous material in the Nostrils)

It is the process of pouring either medicine or medicated oils or unctuous material into both nostrils. It removes and corrects various disorders of Nāsā and cleanse Nasal Srotās & thereby improving the power of smell, restores normal functions of Nāsā. Nasal blockage is also corrected.

(Suśruta Cikitsā 40/18)

12. Karṇa Pūraṇa (Instilling Sneha Dravyās in Ears)

Karṇa Pūraṇa is the method of pouring luke warm medicine or only Sneha Dravyās (Unctuous material) into the ears.

Uses of Karṇa Pūraṇa

1. Prevents Vāta Doṣa predominant disorders.
2. Prevents contraction of neck and jaw.
3. Prevents deafness.
4. Alleviates pain in the neck.
5. Relieves headache, earache.
6. Maintains normal physiology of ears.

Preparations Used Commonly for Karṇa Pūraṇa

1. Nirgundi Taila
2. Bilva Taila
3. Laśuna Taila
4. Pañca Guṇa Taila
5. Apāmārga Taila etc.

(Caraka Sūtra 5/84, Suśruta Cikitsā 24/27)

13. Māstiṣkya (Śirolepa)

Administration of Sneha (medicated oils /Ghee), Sneha Miśrita Kalka (Unctuous substance mixed with pastes of various drugs) over Mastiṣka (Scalp region) is termed as Māstiṣkya. According to Dalhṇa, it is a type of śirovasti. In śirovasti a special cap made of special material is put over the scalp, but no cap is used in Māstiṣkya. It is sort of a procedure resembling Śirolepa, which is widely used in Kerala.

Uses –

The Māstiṣkya is to be used in same conditions, where



Śirolepa in a patient of Cerebral Atrophy

Śirodhārā is indicated. Its beneficial effects are less than that of Śirodhārā.

(Suśruta Cikitsā 22/23)

14. Snehāvagāhana (Oil Bath)

It is the process of taking oil bath. The patient is made to lie in a tub containing medicated oils, upto his neck, for a specific period. It increases the strength of the body.
(Suśruta Cikitsā 24/31)

Probable mode of action of Sneha Dravyās

Before administration of Pañcakarma therapy it is necessary to under go Pūrva karma therapy in the form of Snehana

karma (Oleation) and Svedana therapy (Sudation) but oleation therapy is also recommended even after eliminatory processes to retain the strength by the individual.

(Aṣṭāṅga Hṛdaya Sūtra 18/57)

Snehana Karma induces Snigdhatā (unctuousness), Viṣyandana (cleaning activity - srotośodhana), Mṛduta (tenderness) and kledana (moistness). Sneha Dravya reaches to cellular level due to its properties like Sukṣamata (microfined) & Snigadhatā (unctuousness) and thus induces lubricant action in the Srotās. Snehana Karma is very useful for stirring the vitiated Doṣās & stagnant Malās (toxins) from various Srotasās (micro-criculatory chennels). Ācārya Caraka has described following conditions to be produced in the body as essential requisite for proper Sanśodhana Karma –

1. Vṛddhi
2. Viṣyandana
3. Pāka
4. Srotośodhana
5. Vāta Nigraha

(Caraka Sūtra 28/33)

Among these condition Vṛddhi (to increase the quantity of vitiated Doṣa), Viṣyandana (cleansing activity) and Vāta Nigraha (to control the activities of Vāta Doṣa) are achieved by Snehana' Karma.

Sneha (Unctuous Substance) lubricates the microcirculatory channels in the body, softens the walls of passages and maintains their elasticity. Thus Sneha Dravya makes the flow of Doṣās and Malās easy to be taken out of the body with Svedana Karma.

As already stated that an ideal Sneha Dravya possesses properties like Snigdhatā, Gurutā, Śītatā, Mridutā, Dravatā, Pichchilatā, Saratā, Mandatā and Sūkṣamata by which they

produce Snehana and other similar effects in the body.

(Caraka Sūtra 22/15)

Svedana Karma followed by Snehana Karma pacifies Vāta Doṣa by removing the obstructions in Srotās and subsequently smooth movements and excretion of faeces, urine and semen takes palce.

(Caraka Sūtra 14/4)

Various examples have been given by Āyurvedic scholars to describe the efficacy of Snehana in Sanśodhana Karma, some of them are as follows –

1. When an utensil is lubricated internally before pouring water into it, emptying dose not contain even a single drop of water. Similarly Srotās act for the Malās (toxins) and excretable Doṣās.

   (Caraka Siddhi 6/11)

2. For washing a dirty cloth, first lubrication and saponification is done by the appliction of soap to remove the dirt from it. For Srotośodhana Snehana works in a similar way.

   (Caraka Siddhi 6/12)

Fat is an important constituent of our food. It contains many essential fatty acids which can not be synthesised by the body. Fat acts as a vehicle for many essential elements for the body tissues. It shows the functional importance of Snehana Karma.

The application of oleation and sudation therapy enhances the Doṣa and helps them to move from Śākhās (all the seven Dhātus) to Koṣtha (G.I.T.) and then from the Koṣtha they can be removed very easily (Suśruta Cikitsā 33/47).

The unctuous substances (Sneha Dravyās) perform followoing main actions –

All types of Sneha Dravyās (Fat) add to the unctuousness, invigoration, lusture and strength of the body and alleviate Tridoṣās Viz. Vāta, Pitta and Kapha (Suśruta Cikitsā 1/87).

Benefits of Snehana Karma

Snehana Karma produces follwing benefits in the body –

1. Alleviates the vitiated Doṣās especially Vāta Doṣa
2. Stimulates koṣthāgni (Digestive power)
3. Purifies the Koṣtha
4. Eliminates stagnant malās in the body
5. Helps in production of body tissues and Dhātus in the body leading to strength of the body
6. Nourishes the body
7. Enhances the strength of the body
8. Improves the texture & the colour of the body
9. Strengthens the power of Indriyās (sense organs) and thus helps in maintenance of their normal functions.
10. Delays ageing process
11. Increases life span even up to 100 years
12. Improves Immunity / body resistance (Vyādhi kṣamatva) (Caraka Cikitsā 1/7, Suśruta Cikitsā 31/56-57).

Standard Preparations used in Snehana Karma

As discussed earlier various preparations are used for Snehana Karma externally or internally. The type of Sneha to be used in various diseases has to be altered accordingly. Following preparations may be used for specific ailments as is clear from the table -

S.N.	Disease	Type of oil/ghee indicated
1.	Śwāsa Roga (Bronchial Asthama)	Vāsā Ghṛta
2.	Skin Diseases (Kuṣtha etc.)	Tikta Ghṛta, Pañcatikta Ghṛta

3.	Unmāda (Psychosis)	Brāhmi Ghṛta, Satāvari Ghṛta
4.	Apasmāra (Epilepsy)	Kalyāṇa Ghṛta, Pañcagavya Ghṛta
5.	Pakṣāghāta (C.V.A)	Tila Taila, kshīrabalā Taila
6.	Prameha (Diabetes)	Pippalayādi Ghṛta
7.	Sandhivāta, Āmavāta (O.A., R. Arthritis)	Eranda Taila
8.	Kāmalā Roga (Hepato biliary disorders)	Dādimādi Ghṛta
9.	Grahani Duṣti (I.B.S.)	Pañcamūlādi Ghṛta
10.	Yoni Vyāpada (Gynaecological disorders)	Phala Ghṛta
11.	Rājayakṣamā	Jīvantyādi Ghṛta
12.	Rakta Pitta (Haemorrhagic Diathesis)	Vāsā Ghṛta
13.	Arṣa Roga (Haemorrhoids)	Pippalyādi Ghṛta, Nāgrādya Ghṛta
14.	Pāndu Roga (Anaemia)	Dādima Ghṛta, Pathyā Ghrita, Drakṣā Ghṛta

Following preparations are popularly used in Snehana karma for Pañcakarma therapy –

1. *Daṣamūla Taila, Daṣamūla Kwatha* (Decoction) – It consists of following 10 ingredients –

S.No.	Drug	Botanical Name
(1)	Bilva	Aegle marmelos
(2)	Agnimantha	Clerodendron phlomoidas
(3)	Śyonāka	Oroxylum indicum
(4)	Pātalā	Stereospermum suaveolens
(5)	Gambhāri	Gimelina arborea
(6)	Śālparṇi	Desmodium gangeticum
(7)	Priśṇaparṇi	Uraria picta
(8)	Brahati	Solanum indicum
(9)	Kantakāri	Solanum xanthocarpum
(10)	Gokṣūra	Tribuls terrestris

(Yoga Ratnākara - Vāta Vyādhi)

2. *Contents of Pañcaguṇa Taila*

(1)	Haritakī	Terminalia chebula
(2)	Vibhitaka	Terminalia bellirica
(3)	Āmalakī	Emblica officinalis
(4)	Nimba	Azadirachta indica
(5)	Sambhālu	Vitex negundo

(Siddha Prayoga Sangraha vol. 2. ed. 199 pp 315)

3. *Contents of Prasārṇi Taila*

(1)	Madhuyaṣthi	Glycyrrhiza glabra
(2)	Vaca	Acorus calamus
(3)	Citrakamūla	Plumbago zeylanica
(4)	Deva Dāru	Cedrus deodara
(5)	Rāsnā	Pluchea lanceolata

(6)	Bhallātaka	Semicarpus anacardium
(7)	Saunf	Foenieculum vulgare
(8)	Jatāmānsi	Nordostachys jatāmānsi
(9)	Rakta Candana	Pterocarpus santalimus
(10)	Saindhava Lavaṇa	

(Yoga Ratnākara-Vāta Vyādhi)

Following Ghritās are generally used for Snehapāna for the purpose of Sanśodhana or Śamana therapy –

1. Triphalā Ghṛta (Bhaisjya Ratnāvali-Netra Roga)
2. Pañcakola Ghṛta (Bhaiṣjya Ratnāvali-Śotha Roga)
3. Pañcatikta Ghṛta (Bhaiṣjya Ratnāvali-Kuṣtha Roga)
4. Phala Ghṛta (Bhaiṣjya Ratnāvali-Yoniṿyāpada)
5. Citraka Ghṛta (Bhaiṣjya Ratnāvali-Udara Roga)

Diet Regimen During Snehana Karma

After Snehana Karma the diet to be administered to the patient should consist of liquid diet. It should be warm, simple, light to digest and limited in quantity.

Chapter 4

Svedana Karma (Sudation / Fomentation Therapy)

Svedana Karma is the next important Pūrva Karma of Pañcakarma therapy. The production of Sveda (sweat) is the natural process of the body. It is also termed as Sudation therapy or Fomentation therapy. Sveda is one of the Malās described in Āyurveda. It is the specific Mala of Meda Dhātu. (Caraka Siddhi 15/18). Although Malās are waste products for the body in general but at times these play useful important role in the body. Sweat is produced in consequence to exposure to uṣmā or heat. Heat regulating centre in the brain regulates the amount of heat produced or heat lost by the body. Under normal physiological circumstances there is a balance between the two. In Āyurvedic classics there is a unique concept of therapeutic production / induction of sweat by a variety of methods. This process of induction of heat in body is termed as Svedana.

Definition of Svedana Karma

Svedana Karma is defined as the process by which the sweat or perspiration is produced in the body by using various methods. Ācārya Caraka has mentioned that Svedana is the procedure which relieves stiffness, heaviness and coldness of the body and induces sweating (Caraka Sūtra 22/11).

As stated earlier that the production of sweat is a physiological function of our body, but application of artificial procedures to induce sweating is the Sveadana Karma which is included in the Pūrva Karma of Pañcakarma therapy. Like Snehana karma, Svedana Karma is also an important

prerequisite of Pradhāna Karmās of Panckarma therapy. As a routine Svedana Karma is administered after Snehana karma and it precedes Vamana Karma in the sequence of Pañcakarma Therapy.

Svedana karma is one of the major preparatory procedures of Pañcakarma Therapy. Besides being the principal Pūrva Karma procedure, Svedana is the specific treatment for a number of disorders specially in Vāta dominant diseases where Svedana may be a Pradhāna Karma. Ācārya Caraka has mentioned that Svedana therapy is the best treatment for vitiated Vāta and Kapha dominant diseases. (Caraka Sutra 14/3). Svedana is contraindicated in various Pitta dominant diseases e.g. Kuṣtha Roga (Leprosy) and Kāmalā Roga (Jaundice). In Pittodara (Abdominal disorder) Svedana is contra-indicated. The opposite line of tratment of Svedana is Stambhana (Astringent Therapy). Stambhana is defined as a therapy which prevents mobility and flow of the bodily substances e.g. control of Diarrhoea, Dysentry, Viṣa Vega, Vedanā Vega and Dāha Vega etc.

Ācārya Caraka has included Svedana Karma under Ṣada Upakrama (Caraka Sūtra 22/3), where it is described to be a principal method of treatment. On the contrary in reference to Pañcakarma therapy Svedana Karma is an important Pūrva Karma. Svedana Karma is administered to liquify the Snigdha vitiated Doṣās, (brought about by Snehana Karma) which are spreaded throughout the body. As a result of application of Svedana karma the vitiated Doṣās are made easily erradicable in the form of induction of Sweating or with the help of Pradhāna karmās such as Vamana, Virecana, Vasti etc.

Properties and Pharmacological Actions of Svedana Drugs

The drugs used for Svedana Therapy should possess following properties—

1. Hot—Tejas Mahābhūta Pradhāna (Uṣaṇatā)
2. Sharpness, which induces burning (Tīkṣaṇatā)
3. Mobility (Saratā)

4. Unctuousness (Snigadhtā)
5. Rough and Dry (Rūkṣatā)
6. Microfined, subtle (Sūkṣamatā)
7. Liquid (Dravtā)
8. Immobility (Sthiratā)
9. Heaviness (Gurutā)

(Caraka Sūtra 22/16)

Out of these nine properties, Saratā, Snigadhatā, Dravatā and Gurutā are also found in the drugs used in Oleation Therapy, which are already discussed in the chapter on Snehana Karma. Rest of the properties and their actions are described below—

1. *Uṣaṇatā*

This is originated from Āgneya Guṇa (Hot property) and is opposite to Śīta Guṇa (Cold property). It induces unethusiasm, relieves stiffness and promotes uncounciousness, thirst, burning sensation, sweat and digestion in the body. It is 'Agni Mahābhūta' dominant property and can be ascertained by touch (Suśruta Sūtra 41/11, 46/515).

2. *Tīkṣaṇatā*

It is also 'Agni Mahābhūta' dominant property. It produces burning sensation, Pāka (ripening) and Srāva (secretions). Tīkṣaṇa Guṇa is responsible for ripening of vitiated Doṣās and Malās and their discharges from their respective places. It alleiviates Vāta and Kapha Doṣa and stimulates Pitta Doṣa. It decreases the Mānsa and Meda Dhātu and acts as Lekhana Dravya.

(Suśruta Sūtra 46/518)

3. *Rūkṣatā*

It is the opposite property of Snigadha Guṇa. It is the property of non unctuous substance. Rūkṣata Guṇa induces

firmness in the body and wards off softness. It can be felt by touch. It is dominant in Vāyavya and Āgneya Mahābhūtās. Rūkṣatā causes dryness, vitiates Vāta Doṣa and alleiviates Kapha Doṣa in the body. It is beneficial in Sāmāvasthā.

(Caraka Sūtra 26, Suśruta Sūtra 46/516)

4. Sthiratā

This property is opposite to Sara Guṇa. It represents immobility. It causes obstruction to Vāta Doṣa and Malās. Sthiratā is a common property of astringent drugs. It induces firmness or stability in the body.

Types of Sveda (Sudation, Fomentation)

Different types of Sveda are described in various Āyurvedic classics. They include—

1. Dvandaja Sveda

A. On the basis of use of Agni

(i) Anāgni Sveda

(ii) Sāgni Sveda

B. On the basis of Properties of the Drug used

(i) Snigadha Sveda

(ii) Rūkṣa Sveda

C. On the basis of site of Sveda

(i) Ekāṅga Sveda

(ii) Sarvāṅga Sveda

2. Tritva Sveda

A. (i) Rūkṣa Sveda

(ii) Snigadha Sveda

(iii) Snigadha Rūkṣa Sveda

B. (i) Mṛdu Sveda

(ii) Madhyama Sveda

(iii) Mahāna Sveda

3. 13 types of Sveda (Caraka)

1. Sankara Sveda
2. Prastara Sveda
3. Nādi Sveda
4. Pariṣeka Sveda
5. Avgāhana Sveda
6. Jaintāka Sveda
7. Aśmaghana Sveda
8. Karshū Sveda
9. Kuti Sveda
10 Bhū-Sveda
11. Kumbhika Sveda
12. Kūpa Sveda
13. Holāka Sveda

4. 4 types of Sveda (Suśruta and Vāgabhatta)

1. Tāpa Sveda
2. Upnāha Sveda
3. Uṣma Sveda
4. Drava Sveda

5. 2 types (Dalhaṇa)

1. Sanśamana Sveda
2. Sanśodhana Sveda

6. 2 types

1. Bāhya Sveda (External)
2. Ābhayāntara Sveda (Internal)

While the description of various Svedās will be discussed, it will be observed that there is an over laping of several types of Sveda.

1. Dvandaja Sveda

Dvandaja means 'just opposite to each other'. In Āyurvedic classics various Dvandaja Svedās are described which are

opposite to each other in reference to use of Agni (fire), their properties or on the basis of site of the Sveda to be induced. These types of Sweda are briefly described below –

(Caraka Sūtra 14/66)

A. *On the basis of use of Agni –*

Depending upon the fact that whether Agni (Fire) is to be used or not for induction of Sveda (sweat) in the body of individuals, it is of two types

(Caraka Sutra 14/65)

i. *Anāgni Sveda*

No direct heat or Agni (fire) is required to induce Anāgni Sveda. Sveda is produced indirectly. It is of following 10 types—

1. Vyāyama (Exercise)
2. Uṣṇa Sadana (Indwelling in a warm chamber)
3. Guru Prāvarana (Wearing of heavy clothing)
4. Kṣudhā (Hunger, feeling of Appetite)
5. Bahupāna (Excess Drinking)
6. Bhaya (Fear)
7. Upanāha (Application of Poultice)
8. Krodha (Anger, Enragement)
9. Aāhata (Wrestling)
10. Ātapa (Exposure to Sun Rays)

1. ***Vayāyāma (Exercise)***

Physical activity or Vyāyāma is important and very common procedure of inducing sweat in the body of the individual. The amount of heat produced in the body is directly proportional to the amount of exercise done. Heavy exercises induce larger quantity of perspiration. Vyāyāma can be localised to one

organ or it can be a generalised feature. A particular group of muscles of the body can be moved in specific direction in the form of Vyāyāma which ultimately leads to perspiration.

Benefits of Vyāyāma (Exercise)–

(i) The body becomes stout and strong.

(ii) There is symmetrical growth of all body parts and muscles.

(iii) Improves body complexion.

(iv) Digestive power is improved.

(v) Laziness of the body is reduced.

(vi) There is growing feeling of lightness, firmness and compactness of the body.

(vii) Obesity is reduced.

(viii) Tolerance to extreme climatic conditions, thirst, fatigue and tiredness improve considerably.

(ix) Corrects muscular flaccidity.

(Suśruta Cikitsā 24/36-38)

Exercise is conrtra indicated in following persons –

1. Suffering from Vāta & Pitta dominant diseases.
2. Children, Old aged, emaciated persons.
3. In conditions like Indigestion, Cachexia, Phthisis, Cough, Asthama or Peptic ulcers.
4. Immediately after taking meals.
5. After sexual intercourse.
6. Vertigo.

(Suśruta Cikitsā 24/27, 28)

2. Uṣana Sadaṇa (Indwelling in a warm chamber)

Uṣṇa Sadana is a sort of warm house having very thick walls, no windows, no ventilators. As a result a person living inside develops the feeling of warmth and thus

sweat is induced.

(Caraka Sūtra 14/64)

3. Guru Prāvarana (Wearing of heavy clothing)

Covering the whole body with heavy woollen garments results in sweat production. This is called as Guru Prāvarana.

4. Kṣudhā (Hunger, feeling of Appetite)

When a person feels hungry but is unable to take his meals, it induces Svedana in his body. This is called as kṣudhā.

5. Bahupāna (Excess Drinking)

When a person takes alcohol in heavy quantity, sudation is produced in his body. This is called as Bahupāna.

(Caraka Sūtra 14/64)

6. Bhaya (Fear)

Fear can also produce sudation in the body. It takes place due to the stimulation of sympathetic and parasympathetic nerves. This is called as Bhaya.

7. Krodha (Anger, Enragement)

Krodha causes vitiation of Pitta Doṣa in the body. Pitta Doṣa is 'Āgneya' in nature, which is responsible for production of Sveda in the body. The enrangement leads to stimulation of certain centres in hypothalamus which ultimately stimulate various systems of the body like GIT, CVS and Nervous System etc. Stimulation of these systems leads to production of sweat.

8. Upanāha (Application of poultice)

Upanāha or medicated poultice has ben included in Sāgni Sveda as well. The drugs used for Upanaha lead to production

of localised sweat.

(Caraka Sūtra 14/64)

9. Aāhata (Wrestling)

The wrestling is sort of a vigorous physical exercise which induces sweating.

10. Ātapa (Exposure to sun rays)

Exposure to sun rays also induces sweating. Sun rays also contain ultra violet rays which are beneficial for various skin diseases e.g. Kuṣtha (leprosy).

(ii) *Sāgni Sveda*

When Agni (heat or fire) is used to produce sweating directly or indirectly, it is called as Sāgni Sveda.

B. *On the basis of properties (Guṇa)*

Depending upon the properties of the type of drugs used it is divided in to following two types –

(Caraka Sūtra 14/66)

(i) *Snigdha Sveda (Unctuous or wet fomentation)*

It is defined as the Sveda induced with the help of Snigdha Dravyās e.g. Ghṛta, Taila, Vasā, Majjā or any other unctuous substance is used to induce it. It is indicated in Vāta dominant diseases and in any vitiated Doṣa localised to Pakwāśaya (intestines).

(ii) *Rūkṣa Sveda (Dry fomentation)*

This is a type of Sveda which is induced with the help of Rūkṣa (rough, coarse or dry) Dravyās like sand, stone, metal or earthen pots etc. Rūkṣa sveda is indicated in the disorders of vitiated Kapha Doṣa, Meda Dhātu and Āma Doṣa.

C. *On the basis of site of Sveda*

According to the site of fomentation Sveda is divided in to two types –

(i) *Ekāṅga Sveda or Localised Sveda*

When the Svedana is induced to one part of the body it is termed as Ekāṇga Sveda. It includes Nādi Sveda, Śankara Sveda and Bālukā Sveda etc.

(ii) *Sarvāṇga Sveda or Generalised Sveda*

When the Svedana is induced all over the body it is termed as Sarvāṅga Sveda. It includes Prastara Sveda, Kuti Sveda, Jentāka Sveda etc.

2. Tritva Sveda

When the Svedana Karma is grouped in three different types, it is referred to as Tritva Sveda. Clinically Tritva Sveda can be divided in to following types –

A.(i) *Rūkṣa Sveda* – indicated in Kaphaja disorders.

(ii) *Snigdha Sveda* – indicated in Vātika disorders.

(iii) *Snigdha Rūkṣa Sveda* – The administration of Rūkṣa and Snigdha Sveda together is called as Rūkṣa Snigdha Sveda. It is indicated in Vāta-Kapha dominant diseases e.g. After massaging the affected part with Viṣagarbha Taila or Pañcaguṇa Taila to a particular part or all over the body, fomentation with Bālukā (sand) or brick is recommended. This is useful in chronic Āmavāta.

B. *The other type of Tritva Sveda is described below* –

(i) *Mṛdu Sveda (Soft fomentation)*

When the disease and the patient are of Alpa Bala (minor ailment, weak patient) Mṛdu Sveda is recommended. It is indicated over testicles, heart and eyes. For inducing Mṛdu Sveda drugs with minor pharmacological actions are recommended.

(ii) *Madhyama Sveda (Medium fomentation)*

When the disease and patient are of Madhyama Bala

(Patient of average built with moderate disease) Madhyama Sveda is recommended. It is medium type of Svedana neither very soft nor very strong. It is recommended over lower abdomen.

(iii) *Mahāna Sveda* (Strong fomentation)

When the disease is powerful and the patient can bear exposure to strong heat, he is recommended Mahāna Sveda, mostly in cold seasons. Mahāna Sveda is never recommended over eyes, heart, testicles and lower abdomen. Conditions involving limbs, back, pelvic region and shoulders are to be given Mahāna Sveda.

3. 13 types of Sveda (Caraka)

Ācārya Caraka has described 13 types of Sveda in the chapter of Svedana Karma (Caraka Sutra 14/39, 40). Since Ācārya Caraka has given specific names to these Svedās hence they are described by specific names. As a matter of fact these 13 types of Sveda are included in 4 types of Sveda as described by Ācārya Suśruta and Vāgabhata. It appears that the description of 13 types of Sveda according to Ācārya Caraka is mainly based on the types of drugs used, the mode of administration and the severity of heat given.

1. *Saṅkara Sveda* (Mixed Fomentation)

It is the sudation done with the help of a bolus (Pinda) having some drugs in it with or without cloth. (Caraka Sūtra 14/41). It is also called as mixed fomentation.

2. *Prastara Sveda* (Hot bed sudation)

It is similar to hot bed fomentation (Caraka Sūtra 14/42)

3. *Nādi Sveda* (Steam Kettle sudation)

In Nādi Sveda, Svedana is done with the help of a tube through which medicated steam passes on to the body of the individual (Caraka Sūtra 14/43, Suśruta Cikitsā 32/6,7).

4. *Pariṣeka Sveda* (Affusion Sudation)

In this type of sudation the Vāta Doṣa alleviating fluid is made to pass through the different holes of the pot on the body of the patient.

(Caraka Sūtra 14/44, Suśruta Cikitsā 32/13)

5. *Avgāhana Sveda* (Bath Sudation)

For Avagāhana Sveda the patient is made to sit in a bathing tub containing either decoction of milk, oil, ghee, meat, juice or hot water that alleviates vitiated Vāta Doṣa. It is also called Bath sudation.

(Caraka Sūtra 14/45)

6. *Jaintāka Sveda* (Sudatorium Sudation)

A sudatorium is constructed surrounded by water. The patient is made to sit inside and sudation is performed. It is also called sudatorium sudation.

(Caraka Sūtra 14/46)

7. *Aśmaghana Sveda* (Stone bed Sudation)

In this type of Svedana the patient is made to lie down on a slab of stone which is suitably heated by using various drugs.

(Caraka Sūtra 14/47-50, Suśruta Cikitsā 32/8)

8. *Karṣū Sveda* (Trench Sudation)

In Karṣū Sveda the patent lies down on a bed which is situated over a pit. The pit is to be filled up with smokeless fire.

(Caraka Sūtra 14/51,52)

9. *Kuti Sveda* (Cabin Sudation)

A well massaged patient is made to lie down on a bed in a cabin/cottage. The bed is surrounded by furnaces.

(Caraka Sūtra 14/52-54, Suśruta Cikitsā 32/10)

10. *Bhū Sveda* (Ground bed Sudation)

In Bhū Sveda the procedure is the same as adopted in Aśmaghana Sveda but it is to be done on the earth.

(Caraka Sūtra 14/55, Suśruta Cikitsā 32/8,9)

11. *Kumbhika Sveda* (Pitcher bed Sudation)

In kumbhika sveda the patient is made to lie down on a bed covered with thin sheet and beneath the bed a pitcher filled with decoction of the drugs is burried in the earth.

(Caraka Sūtra 14/56-58)

12. *Kūpa Sveda* (Pit Sudation)

In this type of sudation the patient is made to lie down on bed which is kept over a well like pit containing ignited dung of elephants, horses, cows etc.

(Caraka Sūtra 14/59, 60)

13. *Holāka Sveda* (Under bed Sudation)

In Holāka Sveda a well massaged patient is made to lie down on a bed which is kept on an ash burnt with the heap of dung of animals.

(Caraka Sūtra 14/61-63)

4. 4 types of Sveda (Suśruta and Vāgabhatta)

Ācaārya Suśruta and Vāgabhatta have described 4 types of Sveda. They are –

1. Tāpa Sveda
2. Upanāha Sveda
3. Uṣma Sveda
4. Drava Sveda

(Aṣtānga Hṛdaya Sūtra 17/1)

1. *Tāpa Sveda* –

It is a type of Agni Sveda in which there is direct contact of heat to the body. Materials like sand, cloth or metal are

sufficiently heated up then applied on the affected part of the body.

2. *Upanāha Sweda*

It is defined as a type of Sveda in which luke warm poultice is applied on the affected parts of the body and then the bandage is tied. Ācārya Suśruta has classified it in to 3 types –

(a) *Pradeha* – It is a process of application of Vāta alleviating drugs like root, leaves, kalka etc. by adding Āmalki, Kānjika, Saindhava Lavaṇa and little Sneha to the affected parts of the body.

(b) *Saṇkara or Pinda Sveda* – It is a process of application of drugs kept in a piece of cloth in the form of a bolus or Pinda over the affected parts of the body.

(c) *Bandhana* – The drugs to be used are made to crush like paste which is warmed and applied to the affected part. A bandage is tied afterwards.

3. *Uṣma Sveda*

It is defined as the process of inducing fomentation in the body of an individual by sprinkling water on a hot piece or on hot brick the steam produced is used for inducing Sveda to the affected part. The body/the affected part of the body should be covered with a bed sheet.

4. *Drava Sveda* (Sudation with medicated liquids)

It is defined as a type of fomentation produced in an individual with the help of medicated fluids. The decoctions of Vātahara Dravyas may be sprinkled over the affected part of the body then the Sveda produced by this method is called as Drava Sveda or Pariṣeka Sveda. Similarly the patient can be made to sit in a bathing tub full of warm milk, meat soup or decoction of various drugs to induce fomentation. This is called Avagāha Sveda. This type of sudation is very effective in the management of Arṣa Roga (Haemorrhoids) and Aśmari (urinary calculus).

5. Two Types of Sveda (Dalhaṇa)

Dalhana, the commentator of Suśruta has divided Svedana Karma on the basis of the purpose of the administration of Sveda in to following two types

1. *Sanśamana Sveda* – The Rūkṣa Sveda used for the purpose of Doṣa Pacanārtha (digestion of Āma Doṣa) in Sāma Doṣa is called as Sanśamana Sveda. It improves the power of Agni, skin becomes tender and delicate and there is Srotośodhana (cleansing effect of micro circulatory channels).
2. *Sanśodhana Sveda* – The Svedana used after Sneha pāna but before Pradhāna karma like Vanana, Virecana etc. is called as Sanśodhana Sveda. The main object of this Sveda is to bring unctuous Doṣās from śākhās to koṣtha from where the vitiated Doṣās are expelled out from the body easily.

6. Two Types of Sveda

Depending upon the effect produced by the Sneha Dravyās externally or internally in the body to induce fomentation it is divided in to two types –

1. Bāhya Sveda (External Sudation) – The Sveda discussed so far are included under Bāhya Sveda.
2. Ābhyāntara Sveda (Internal Sudation) – Drugs used internally to induce Svedana in the body are termed as Ābhayāntara Sveda. Ācārya Caraka has described that the drugs having properties like Uṣnatā, Tīkṣnatā and Saratā can induce fomentation in the body after administration internally. Preparations like Jwaraghana (antipyretics) and Dāhaghana (alleviating burning sensation in the body) are examples of Ābhāyantara Sveda. The medicines or drugs which can induce Ābhyāntara Sveda include – Jyotiṣmati, Ahiphena, Jatāmānsi, Eranda, Rasona, Sudarśana, Vatsanābha, Bhringarāja, Bhallātaka, Bākuci, Vāsā,

Puṣkaramūla, Citraka, Madana Phala, Arka, Danti, Apāmārga, Kālmegha, Karvīra, Tulsi and Kapūra etc.

Indication of Svedana Karma

(A) According to Ācārya Caraka

1. Persons who are suffering from Neurological disorders like Facial Paralysis, Paraplegia, Hemiplegia, Bending of body, Otalgia, Sciatica, Khallī, Hoarseness of voice, Spondylysis, Backache, Numbness and Cramps are suitable for Svedana Karma.
2. Persons who are suffering from Joint disorders like Oesteo Arthritis, Stiffness of joints, sides, back and wrists, Pain in Joints, Contracture in Joints are suitable for Svedana.
3. Other disorders where Svedana Karma is indicated include –
   (a) Genito urinary disorders – Suppression of urine, Dysuria, enlargement of scrotum, suppression of semen.
   (b) G.I.T. disorders – Conditions of Āma, hardness of stool, constipation & stiffness of abdomen.
   (c) Kaphaja Vikāra related to respiratory systems like coryza, cough, hiccough, dyspnoea, asthama and in excessive yawning.
   (d) Any type of Pain, heaviness, cold, numbness & shivering in all these conditions Svedana Karma is indicated.

(Caraka Sūtra 14/20-24)
Aṣṭāṅga Hṛdya Sūtra 17/25-27)

(B) *According to Ācārya Suśruta*

4. One who is suitable for Śodhana therapy like Vasti karma, Vamana or Virecana Karma etc. Svedana Karma is indicated as Pūrva Karma.

5. Svedana is indicated as Pascāta Karma after the egression of Śalya, after a normal delivery and in case of malrpresentation of foetus.
6. In case of piles, fissures, fistula in Ano, calculus, tumours, arthritis & Rheumatoid Artheritis are the conditions where Svedana Karma is indicated as Pūrva and Pascāta karma both.

(Suśruta Cikitsā 32/17-21)

Contra indication of Svedana

1. Svedana should not be applied in those who have consumed medicated decoctions, alcohol, complications of poison & alcohol, Pittaja Prakṛti Persons, Pittaja meha and other Pittaja disorders.
2. Svedana is contra indicated in cases of emergencies, as in cases those who have Burns, Fractures, Internal Haemorrhages, Uraha-Kṣata (Chest Injury), Diarrhoea & in unconscious patients.
3. Svedana should not be applied in those who are suffering from Jaundice, Udara Roga, Injury, Vāta Rakta, Timira Roga, Diarrhoea and in patients of Ojo Kṣaya (Emaciated persons).
4. Svedana is also contra indicated in those who have intolerance to Svedana, like Hungry, Angry, Plumpy, very weak, Aggrieved, Fatigued, Emaciated persons and in Pregnant women & in menstruating women.

(Caraka Sūtra 14/16-19, Suśruta Cikitsā 32/24, 25 and Aṣṭāṅgā Hṛdaya Sūtra 17/21-24).

Time and Place of Svedana Karmās

All the Svedana Karmās are to be done in a person whose last meal has been well digested and in a place which is free from draughts of wind. Invariably (except in cases of Nava

Javara etc.), the patient's body should be smeared with medicated oils or some Snehās. His eyes etc. should be protected by covering them with lotus leaves etc. His heart region should be kept cool by the local application of cool substances.

After proper application of Svedana Karma, the persons's body should be well rubbed to take bath with luke warm water. He should be properly covered with good clothings, sit or lie in a comfortable place, which is free from draught or wind or sun for sometime. After wards he should take a meal which is Snigadha, Uṣna etc. but not Kaphakara. On the day of Svedana Karma the patient should observe the conducts as advocated after Snehana karma i.e. Brahmacarya etc.

Svedana should be done in a person in whom Nasya Karma or Vasti Karma is to be done. Any person who wants to get rid of vitiated doṣas by Śodhana karma should be administered Svedana. Similarly, Svedana karma should never be done unless his body is comfortably lubricated with oil or unless his body has become Snigadha (oily) with a proper previous application of Sneha Dravya through Snehana karma or through his food.

(Suśruta Cikitsā 32/17)

Parts to be avoided in Svedana Karma

The heart region, testis and eyes should receive very low degree of Svedana or it shouldn't be applied to them at all. Groins and lower abdomen should receive moderate Svedana. Delicate parts such as eyes & heart region should be covered with betel leaves or wheat paste or some good heat protector should be applied to them, so that least injury may be caused to delicate parts. The rest of the body may be subjected to a more powerfull Svedana according to necessity. The Svedana should be stopped when the chills, pain, rigidity or heaviness ceases to exist either on the side of the body or in the limbs affected by the disease.

Procedures of Svedana Karma

Svedana is a major Pūrva Karma procedure. It should be adminstered after the Snehana Karma and should precede Vamana Karma, if indicated. The procedure of Svedana Karma can be discussed under the following headings –

1. Pūrva Karma of Svedana (Pre-operative Procedures)
2. Pradhāna Karma of Svedana (Operative Procedures)
3. Pascāta Karma of Svedana (Post Operative Procedures)

1. Pūrva Karmās of Svedana Karma

(*Pre-Operative Procedures of Svedana Karma*)

1. Collection of materials neccessary for sudation
2. General consideration about Svedana therapy
3. Preparation of the patient.

1. *Collection of Materials necessary for Svedana Karma* – All the materials needed for Svedana Karma are to be collected at one place in advance in sufficient quantity. Various medicines to be used during the process, various instruments to be used & other related materials to be utilized during Svedana Karma should be collected at one place which should be readily available.

   In case of any complications after the Svedana Karma different medicines which should be stored include – Sūtaśekhara Rasa, Pravāl Piṣti, Śankha Bhasma, Candra Kalā Rasa, Godanti, Chardi Ripu Rasa, Daṣamūlariṣta, Jātayādi taila/ointt, Kamala Patra & Uśīra etc. Well trained staff should also be available in sufficient number.

2. *General factors to be considered before Svedana Karma* – For a systematic and safe conduction of Svedana Karma following factors are to be considered carefully –

(a) *Nature of the disease* (Vyādhi)

Depending upon the underlying disease, its severity and duration, specific type of Svedana Karma to be administered to the patient is to be decided.

(Carakā Sūtra 14/16)

(b) *Ṛtu* (Season)

In Śīta Ṛtu (cold season) Mahāna Sveda is indicated. In Uṣṇa Ṛtu (Hot weather) Mridu Sveda is indicated.

(Caraka Sūtra 14/8)

(c) *Rogi* (Patient)

It depends on the type of the patient that what type of Svedana has to be recommended, as is clear from the table given below –

S. N.	Types of the Patient	Type of Svedana Indicated
1.	(i) Uttama Śārīrika Bala (ii) Uttama Manobala	Mahāna Sveda (Tīkṣaṇa Sveda)
2.	(i) Madhyama Śārīrika Bala (ii) Madhyama Manobala	Madhyama Sveda
3.	(i) Avara Śārīrika Bala (ii) Avara Manobala	Mṛdu Sveda

(Caraka Sūtra 14/8)

(d) *Deṣa* (*Part of the patient's Body affacted*)

Depending upon the part of the patient's body involved, different types of Svedana is to be recommended as is clear from following description –

(i) Rukṣa Sveda – Āmaśāya Gata Vāta Doṣa

(ii) Snigadha Sveda – Pakwāśaya Gata Vāta Doṣa

(iii) Svedana contraindicated (or Mṛdu Sveda to be applied) – Eyes, Heart region and Scrotum

(Caraka Sūtra 14/8,9)

(e) *Vaya* (*Age*) of the patient is to be considered before

deciding about the type of the Sveda to be administered as there is lot of variation in dietary habits and physiological status of the patient according to his age.

(Caraka Sūtra 14/10)

(f) *Purpose of Svedana* – If Svedana has to be done as a pre-requisite for Sanśodhana therapy, it should follow Snehana on 4th or 8th day or if Svedana is to be done as a Sanśamana measure, it should be done as per the need.

(Caraka Siddhi 1/6)

3. *Preparation of the patient*

Blood Pressure, Pulse, Respiration and Temperature of the patient are to be noted before starting Svedana Karma. Reviewing factors discussed above, the type of the Svedana to be administered to the patient is decided and patient is prepared accordingly.

2. Pradhāna Karma of Svedana Therapy
(*Operative Procedures of Svedana Therapy*)

This consists of

(i) Administration of Sveda

(ii) Observation of the patient

(i) *Administration of Sveda*

The individual must be subjected to Sudation therapy only after he has undergone Oleation therapy. The sudation/fomentation should be done in all the seven postures.

Different types of Svedana are mentioned in Āyurvedic classics. But as a routine, generally Nādi Sveda and Sarwānga Sveda are recommended to the patients.

(a) Administration of Nadi Sveda (Ekāṇga Sveda)

1. Svedana Karma must be performed after proper Abhayaṅga of the body or the affected part of the patient.

2. In Nāḍi Sveda steam (vapours) of Daṣamūla Kvātha (any other drug). is to be passed on the affected part of the body of the patient through a rubber tube.
3. Mouth of the rubber tube should be covered by a piece of cloth to avoid direct contact of steam, with the body of the individual.
4. A proper distance should be maintained between the rubber tube and the body of the patient to avoid exposure to excess heat.
5. To regulate the steam, the rubber tube should be curled to check the amount of steam coming out so that the body of the patient may be fomented properly without getting burnt.
6. Svedana should be done untill appearance of the sweat over the affected part.

(b) Administration of Sarvāṅga Sveda

1. This type of Sveda is also a type of Vāṣpa Sveda. Sarvāṅga Sveda is to be carried out in a specialised box like structure, called as Peṭika or Vāṣpa Sveda Box. On the base of this box an empty chamber must be prepared for keeping the source of heat and an utensil containing Vātahara decoction (or any other medicine, which is indicated) over it. Heat is applied to the decoction which starts boiling and produces medicated vapours. These vapours cross the porous layer over this chamber where well oleated patient, wrapped with woolen blanket is made to lie. Thus patient is exposed to heat/vapours regularly.
2. Patient's head must be kept outside the box on a plate form to protect it from direct exposure to heat. The temperature of the box is to be maintained and regulated by some attendant.
3. Patient is advised to change his position from side to side, regularly to avoid burns.

4. The head of the patient should be covered with a piece of cloth dipped in cold water, to avoid heat stroke to the patient.
5. Sarvāṅga Sveda should be done maximum from 30-45 minutes.
6. Blood Pressure, Pulse and Temperature of the patient should be maintained with in normal limits.
7. After completion of Sarvāṅga Sveda, the patient is advised to wrap a bed sheet around him and he should avoid direct exposure to wind. He should rest for about 15 minutes.

(ii) *Observation of the Patients*

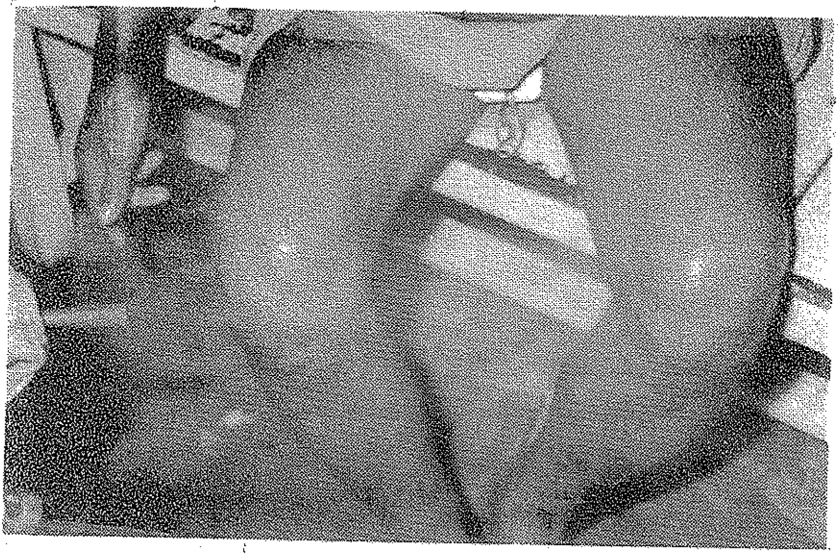
During Svedana Therapy, the physicians must keep a close watch on –

1. Duration of Svedana
2. Manifestations of Adequate Svedana etc.
3. Appearance of any complications.

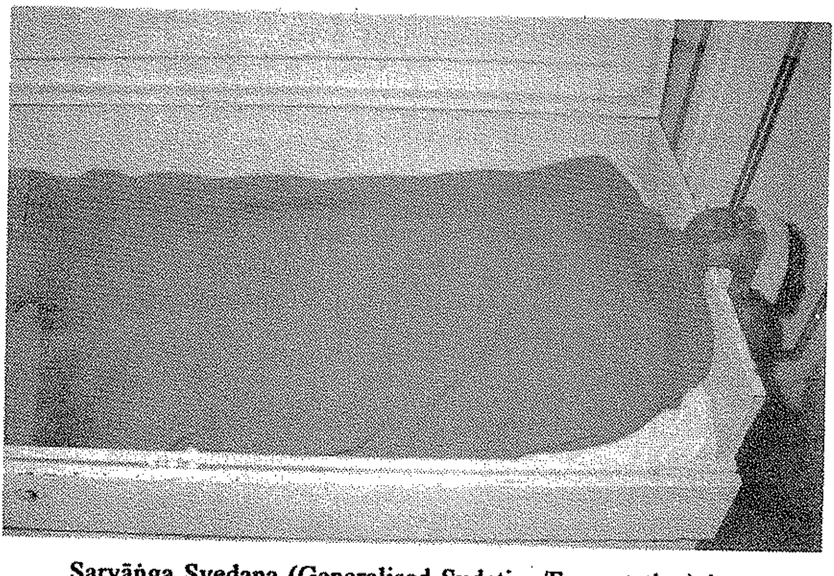
During Svedana karma when there is appearance of sweat over forehead and the symptoms of adequate Svedana are produced, the process should be stopped. If symptoms of excess Sveda appear like – Burning sensation in the body, vertigo, blisters or fainting, then also the process of Svedana Karma should be stopped immediately. Following features should be looked for –

Features of Samayaka (Adequate) Sveda

1. Disappearance of cold (Śitoparama)
2. Relief from pain (Śūloprama)
3. Relief from stiffness (Stambha Nigraha)
4. Relief from heaviness in the body (Gaurava Nigraha)
5. Softness and smoothness of the body (Mārdawa)
6. Adequate Sweating (Sveda Srāva)



Nāḍi Svedana (Loalised Sudation/Fomentation) in a patient of Sandhigata Vāta (Osteo Arthritis)



Sarvāṅga Svedana (Generalised Sudation/Fomentation) in a patient of Āmavāta

7. Remission of Disease (Vyādhihānirlaghuttwama)
8. Desire for cold things (Śītarthitwama)

(Caraka Sūtra 14/13)

Features of Improper Sudation

The following signs and symptoms are observed in a patient who has undergone Asamayaka Sveadana (less sudation therapy). The opposite signs and symptoms of the Samayaka Svedana (Adequate sudation) will be observed, which include –

1. No Sweating
2. No relief from coldness
3. No liking for cold things
4. No relief in pain
5. No remission of the disease

(Suśruta Cikitsā 32/23)

Features of Excessive Svedana (Ati Sveda)

1. Aggravation of Pitta Doṣa (Pitta Prakopa)
2. Burning sensation in the body
3. Fainting
4. Heaviness of Body
5. Weak and Feeble voice
6. Lethargy
7. Pain Joints
8. Appearance of Erruptions / Blisters (Visphoṭa)
9. Vertigo, Giddiness
10. Symptoms of Rakta Prakopa
11. Thirst
12. Tiredness (Klama)

13. Fever

14. Vomiting

(Caraka Sūtra 14/12, Suśruta Cikitsā 32/24, Aṣṭānga Hṛdaya Sūtra 17/16, 17)

Management of Complications of Ati Sveda (Excessive Sudation)

If symptoms of Ati Sveda arise following measures should be adopted –

1. Madhura, Śīta, Drava and Snigadha food
2. Śīta Mantha added with Sugar
3. Sheeta Śrita Water
4. Avoid Lavṇa, Amla, Katu, Uṣaṇa Padārtha and alcohol
5. To live in cold room in day time and in moonlight during night
6. To apply Candana over body
7. Fanning with Candanodaka
8. To live in cool places
9. The treatment that is being adopted in summer seasons for these disorders, should be adopted.
10. Ācārya Vāgabhatta has recommended Stambhana therapy (Astringent Therapy) for managing the complications of excessive Sudation. Stambhana therapy is opposite to Sudation therapy. In this therapy, drugs which have cold, sluggish, soft, smooth, liquid and light properties should be used.
11. In case of Dāha (Burning) in the body following drugs should be used –

Sūta Śekhara Rasa	– 250 mg
Pravāla Piṣti	– 500 mg
Śankha Bhasma	– 250 mg
	1 × 3 Doses

Anupāna – Milk or Khanda Śarkara

(Caraka Sūtra 22/12, 33)

Stambhana Therapy

It is opposite to Svedana therapy. Ācārya Caraka has included it under Ṣada Upkrama. It prevents the mobility and flow of the bodily substances. Stambhana drugs are cold, sluggish, soft, smooth, rough, subtle, liquid, stable and light in nature.

(Caraka Sūtra 22/12, 17; Aṣṭānga Hṛdaya Sutra 17/19)

3. Pascāta Karma of Svedana Therapy

(Post Operative Procedures of Svedana Therapy)

1. Blood Pressure, Pulse Rate, Respiratory Rate and Temperature of the patient should be noted down & it should be monitored.
2. To avoid direct exposure to cold water or cold air, at least for one hour.
3. Warm water sponging.
4. Rest for stipulated time.
5. Afterwards Bath with warm water.
6. To sleep after taking Dravya, Laghu and Abhiṣayandi Diet.
7. To take suitable measures in case of complications, if any.
8. If Svedana has been done as a pre-requisite for Samśodhana therapy, the patient should be considered for the same on the next day.
9. Generally Vamana should be given on 2nd day of Svedana and Virechana after about 3 days interval.
10. If Vasti, Nasya or Rakta Mokṣana is to be given, they may be given immediately after Svedana therapy.

(Caraka Sūtra 14/67, Suśruta Cikitsā 32/32, Aṣṭānga Hṛdya Sūtra 17/15)

Mode of Action of Svedana Karma (Sudation Therapy)

The Svedana Karma produces following four important actions in the body –

1. Removal of Stiffness (Stambhaghna)
2. Loss of Heaviness of body (Gaurawaghna)
3. Loss of Coldness in the body (Śītaghana)
4. Produces Sweating in the body (Sveda Kāraka)

Induction of Sveda (Sudation) produces the liquifaction of the Doṣās. Before the administration of Sudation therapy, Oleation therapy is to be administered. It makes the Doṣās soft and localises them at their respective places. The Sudation Therapy liquifies the vitiated Doṣās due to its Uṣna and Tīkṣana properties, regulates them towards G.I.T. (Koṣtha), and the same are removed from the body by Emesis or by Purgation therapy.

Other Functions of Svedana Karma (Sveda)

1. *Doṣa Dravatama* – As stated earlier the Oleation therapy administered before Svedana Karma makes vitiated doṣās soft and removes Malasangatā (Sroto-avrodha due to stagnant Malās). Sudation therapy employed afterwards liquifies the Vitiated Doṣās and directs them towards GIT (Mahāsrotasa). Sudation Karma applied at this stage helps in expelling Doṣās from body through Emesis or through Urination or with Sweat.

(Caraka Sūtra 1/7)

2. *Vāta Niyāmana* – If proper Sudation is administered after Oleation therapy, it helps to facilitate the elimination of faeces, urine and semen from the body. Proper regulation of Vāta Doṣa is important as it is the main factor responsible for controlling various activities of the body.

(Caraka Sūtra 14/4)

3. *Gātra Vināmana* – With the administration of proper Oleation and Sudation Therapy, the body becomes soft and it attains elasticity. As a result, it helps in bending of the body without any difficulty for performing various activities.

(Caraka Sūtra 14/5)

4. *Agnidīpana* – Uṣna and Tīkṣaṇa properties of Svedana Karma help in digestion of Āma Doṣa, which results in stimulation of all the 13 types of Agni (1 Jātharāgni, 5 Mahābhūtagnis & 7 Dhātwagnis).

(Suśruta Cikitsā 32/21, 22)

5. *Tvaka Mārdava and Prasādana* – Skin contains a lot of sweat glands, which when activated through Svedana therapy excrete various toxic substances of the body in the form of sweat. As a result the skin becomes soft and its texture improves.

(Suśruta Cikitsa 32)

6. *Bhakta Shradhā* – Svedana Karma improves appetite due to Āma Pācana and Srotośodhana.

(Suśruta Cikitsā 32)

7. *Srotośudhi* – Sudation Therapy induces Srotośodhana by opening the mouths of sweat glands and by regulating Vāta Doṣa. As a result stagnant Malās, Sveda and various toxins are eliminated out of the body resulting in Srotośudhi.

(Suśruta Cikitsā 32)

8. *Nidrā-Tandrā Nāṣa* – Due to induction of Sveda in the body, excessive production of Nidrā and Tandrā is controlled largely because of the fact that the body contents of Mala, Kapha & heaviness in the body are reduced after sudation, which are the key factors for inducing sleep (Nidrā) or drowsiness (Tandrā).

(Suśruta Cikitsā 32)

9. *Sandhi Ceṣtā* – It is improved by inducing Sveda because joint activity is regulated by presence of Vāta, Kapha and Āma at joints level. Svedana increases Dhātwāgni at the level of joints, there by improving joint functions.

(Suśruta Cikitsā 32)

10. *Doṣa Śodhana* – Oleation therapy produces Kledana of Doṣās which are liquified with the administration of Svedana. These liquified Doṣās are brought into Koṣtha and finally removed from the body.

(Suśruta Cikitsā 32)

Standard Preparations Used in Svedana Therapy –

These include –

1. Daṣamūla Kvātha
2. Rāsnā Kvātha
3. Eranda Mūlādi Kvātha
4. Śigru Kvātha
5. Nirgundi Kvātha
6. For Pinda Sveda

(i) Vāta dominant Diseases – Śaṣtika Śāli, Tila. Māṣa, Balā Mūla, Kulatha, Sour Preparations, Ghee, Oils, Meat, Pāyasa & Flesh etc.

(ii) In Kapha dominant Diseases – Faeces (dung) of Cow, Ass, Camel, Pig, & Horse etc. along with grains, barley, sand, pieces of stone or metallic powders.

Probable Mode of Action of Daṣamūla Kwātha

The ingredients of Daṣamūla Kwātha mainly contain the properties like Uṣaṇa, Tīkṣaṇa, Laghu and Snigadha Guṇās. The drugs used in Daṣamūla Kwātha act through their Guṇās, Vīrya and Prabhāva. Uṣṇa and Tīkṣaṇa Guṇās of Svedana drugs are capable of penetrating the micro-circulatory channels

(Srotas) where they activate the sweat glands to produce more of sweat. After dilatation of micro-channels, Laghu and Sara Guṇās of these drugs enable them to act on the Snigadha Doṣas in the channels (brought about by Oleation therapy) and direct them to move towards Koṣtha or excrete them through micropores of the skin in the form of sweat, resulting in Srotośodhana. The Doṣās brought in Koṣtha are expelled out of the body with the help of Vamana or Virecana therapy.

Modern Concepts of Svedana Therapy

Sveda (Sweat) is the by product (updhātu) of Medo Dhātu which dominates in Jala mahābhūta. The Sveda produces the kleda in the body which is also Apa Māhabhūta Pradhāna. The final product of Jala Dhātu is 'Apa Dhātu' and it's by product is Kleda. The Udaka Dhātu (Water portion) is present in the body in various forms like faeces, Urine, Sveda, Skin, Lymph & Blood etc. It performs important functions like Jīvana, Tarpaṇa and Malaśodhana etc.

The amount of sweat produced in the body depends on the amount of urine produced in the body. When Svedovaha Srotas is vitiated, it leads to presentation of various symptoms like-irregular production of sweating, roughness of the skin, burning sensation all over the body etc.

Sweat consists of Sodium Chloride, Water, Urea, Lactic Acid, Potassium and Calcium etc. These all substances are present in extra cellular fluid also, which provide nutrition to cells.

Excessive sweating in the body leads to depletion of contents of extra cellular fluid. Sodium Chloride (NaCl) is one of the major substances which is lost during sweating. More is the loss of NaCl more is the feeling of exhaustion or weakness in the body. Therefore it's replacement becomes essential. This is the reason why NaCl is administered as one of the main contents of Āyurvedic preparations like in various Sneha preparations and Upnāha Sveda.

Sweating controls the heat production, water & electrolyte balance in the body. Sweat Glands are controlled by Central Nervous System. Hypothalamus is the centre of heat regulation in our body. Though the signals generated by the temperature receptors of the Hypothalamus are extremely powerfull in controlling body temperature, Receptors in other parts of the body also play an important role in the temperature regulation. This is especially true of temperature receptors in the skin and in a few specific deep tissues of the body.

Temperature Decreasing Mechanism of Body when the body is too hot, as during Svedana Karma

The temperature control system employs two important mechanisms to reduce heat when the body temperature is too hot during Svedana Karma –

1. Vasodilation – In almost all areas of the body, the skin blood vessels become intensely dilated. This is caused by inhibition of the sympathetic centres in the posterior Hypothalamus that causes vasocontriction. Full vasodilation can increase the rate of heat transfer to the skin as much as eight folds.

   So it can be inferred that the 'Uṣṇa Guṇa' of Svedana Karma leads to stimulation of Sympathetic Nervous System and there is vasodilation (Sroto Visphāraṇa). Uṣṇa Guṇa also increases the circulation of Rasa and Rakta in the body.

2. Induction of Sweating – An additional one degree increase in body temperature causes enough sweating to remove ten times of the basal rate of body heat production.

   During Svedana Karma the body temperature rises to more than 2-3°C. It results in increased sweating by the above said mechanism. Due to the effect of 'Sara' and 'Sukṣama' guṇa of Svedana Dravya, the 'Līna Doṣās' are liquified in our body and they come out through micropores which are present over the skin as pores of sweat glands. Since

there is extreme Vasodilation due to production of heat, it results in more of excretion of liquified vitiated Doṣas from the body resulting in Sroto Śodhana.

This seems to be the probable mode of action of Svedana drugs. Probably following this mechanism of action, Svedana drugs induce cleansing effect in the body.

Chapter 5

Vamana Karma (Bio–Purificatory Therapeutic EMESIS)

Vamana Karma is one of the major Pradhāna Karma procedures of Pañca Karma Therapy. Literally Vamana means to expel out the vitiated Doṣās through oral route. The expelled material may consist of undigested food, Kapha Doṣa and Pitta Doṣa. Vamana is an Ūrdhva Bhāga Śodhana of the body.

Definition

Vamana is a process by which the contents of the stomach including Kapha and Pitta are expelled out of body through mouth. It is a type of Ūrdhva bhāga Śodhana of the body. (Caraka Kalpa 1/4).

Śārangadhara and Bhāvaprakāś are of the opinion that the word 'Vamana' is used to denote the removal of "Apakwa Kapha & Pitta" forcibly outside. (Śārangadhara Prathama Khanda 1/84).

Vamana (Emesis) should be administered for vitiated kapha either alone or in combination with other Doṣās, where Kapha is predominant. The main place for Kapha is Āmāśaya. So removal of vitiated Kapah Doṣa from the Āmāśaya is the best way to cure a diseases.

The term Sanśodhana means to erradicate the Doṣās either through Adhobhāga or Ūrdhvabhāga. Vaman is the term given for eradication of Doṣās through Ūrdhvabhāga. Similarly the term Virecana denotes the erradication of Doṣās through Adhobhāga of the body. From this angle both the terms Vamana and Virecana may be called Virecana because both are Sanshodhana Karmās, and are used to expel the Doṣās from the body. Vamana may

be termed as Ūrdhawa Virecana and Virecana may be termed as Adhovirecana. Both these seem to be allied processes. (Caraka Kalpa 1/4).

It is important to understand that the Vamana Karma is indicated for elimination of Kapha Doṣa not only in diseased states but also in healthy individuals in different states where Kapha Doṣa is aggravated within normal limits e.g. in Vasanta Ṛtu for preservation of normal health and prevention of diseases.

Ācāraya Caraka has described 600 'Virecana Yoga' in Caraka Sūtra Sthāna Chapter 4. Out of these 355 yoga are Madana Phalādi yoga used to induce Emesis and 245 yoga are described to induce Virecana.

The terms 'Vamana', 'Vami', 'Chardana' and 'Chardi' are also used to denote the same term 'Vamana' literally meaning to "emit out" or "to vomit out."

As discussed earlier, the vitiated Doṣās settle down at various places in the body to produces different types of diseases depending upon the "Doṣa Duṣya Adhiṣthāna" pattern. Vitiated doṣās may localise themselves in Koṣtha (Gut) or they may spread elsewhere and settle down in Śākhās (Rasādi 7 Dhātus). For treating these diseases with the help of Pañca Karma Therapy or Śodhana Therapy, they should essentially precede by suitable Pūrva Karmās in order to mobilize Doṣās from discrete parts of the body (Śākhās). The Pūrva Karmas in the form of Oleation Therapy or Sudation Therapy mobilize them from Śākhās and bring them back to Koṣtha, so that they may be easily expelled out of the body by Vamanādi Śodhana Karmās.

Specific Pradhāna Karma is indicated for the expulsion of specific vitiated Doṣās, as described below:

S.No.	*Vitiated Doṣās*	*Pradhāna Karma Indicated*
1.	Vāta Doṣa	Vasti Therapy (Enemata)
2.	Pitta Doṣa	Virecana Therapy (Purgation)
3.	Kapha Doṣa	Vamana Therapy (Emesis)

(Aṣtānga Hṛdya Sutra 1/25)

The place of Kapha Doṣa is Ūrdhava Bhāga and Āmāśaya is its main site. It is a general principle to expel vitiated Doṣās from the nearest route. Oral route is the nearest route for expelling vitiated Kapha Doṣa in the form of Vamana Karma.

Vitiated Doṣās once expelled by Śodhana Therapy donot precipitate/aggravate again in near future. Ācārya Suśruta has advocated following three important principles of treatment according to the state of Doṣās—

S.No.	*State of Doṣās*	*Karma (Treatment) Indicated*
1.	Kṣīna Doṣa (Scanty Doṣa)	Brahamaṇa (Roborant Therapy)
2.	Prakupita Doṣa (Vitiated Doṣa)	Śamana Therapy (Palliative Therapy)
3.	Vṛddha Doṣa (Aggravated Doṣās)	Śodhana Therapy (Eliminatory Therapy)

Properties and Pharamacological Actions of Vāmaka Dravyās

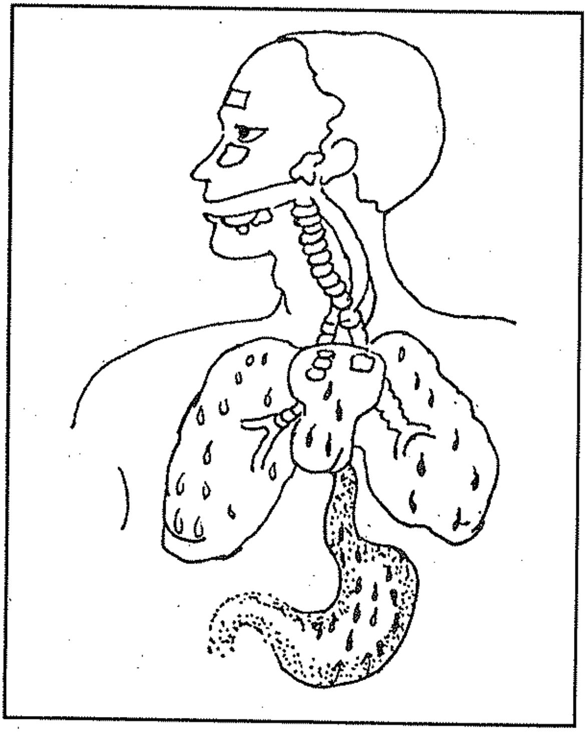
Drugs (Dravyās) which can produce Vamana (Vomiting) are called Vāmaka Dravyās (Emetics). They have following pharamacological properties—

1. Uṣṇa
2. Tīkṣṇa
3. Sūkṣma
4. Vyavāyi
5. Vikāsi
6. Ūrdhva Bhāga Prabhāva

(Caraka kalpa 1/5)

1. Uṣaṇa: (Hot)

It is Āgneya Guṇa pradhāna and produces digestion, burning,



KAPHA Dominant Areas in the body

sudation and spreading all over the body. Katu, Amla and Lavaṇa Rasa are Uṣaṇa Guna pradhāna. The Lavāna Rasa produces Viṣyandana (to dissolve) in the body.

(Caraka Sūtra 26/54, Caraka Kalp 1/5)

2. Tīkṣṇa (Sharp or fiery)

Tīkṣṇa Guṇa produces Dāha (burning), Pāka (to metabolise) and Srāva (to excrete). It also belongs to Āgneya Guṇa and produces Śodhana, Pācana, Chedana (to cut/pierce) and Sravana (exudation) of Doṣās in their own places.

3. Sūkṣma (Subtle)

A substance which can pass through the minutest Srotās is

called sūkṣma. It consists of Vāyavya, Ākāshīya and Taijasa Guṇās. The Vāmaka Dravyās can enter into Sthūla (macro) as well as Sūkṣma (micro) Srotās.

(Caraka Kalpa1/5)

4. Vyavāyi

The Dravyās which show their pharamacological actions throughout the body before getting absorbed is called as Vyavāyi. Vāmaka Dravyās being Vyavāyi in nature produce generalised effects in the body in the form of Uṣaṇa, Tīkśaṇa Guṇās before getting absorbed.

(Caraka sūtra 46.)

5. Vikāsi

A Vikāsi Dravya separates Ojas from Dhātus, produces looseness in joints and expands in the entire body within no time. Because of this property the Vāmaka dravya separates Doṣās from Dhātus.

(Caraka sūtra 46).

6. Ūrdhwa Bhāga Prabhāva

The Vāmaka Dravyās consist of Agni and Vāyu dominant Mahābhūta which impart Ūrdhwagāmi property to these drugs. According to Cakrapāni Vāmaka Dravyās have Urdhwa Bhāga Prabhāva e.g. Katu Rasa.

(Caraka Kalpa 1/5)

Vamana Dravyās

Ācārya Caraka, Suśuruta and Vāgabhatta have described different types of Vāmaka Dravyās. The description of Ācārya Caraka regarding Vāmaka Dravyās is described in Caraka Kalp 1/6, Caraka sūtra 4. Such drugs have been described into two groups—

1. **Vāmaka Drugs** i.e. those drugs which induce vomitings.

2. **Vamanopaga Drugs** i.e. those drugs which help or augment Vamana or further enhance the Vamana already induced by a Vamana drug.

All Ācāryās have praised Madanphala or Mainphala (Randia dumetorum) as one of the best Vāmaka Dravya (Caraka Kalp 1/2). The Pharamacodynamic properties of Madana Phala are described below—

Randia dumetorum-Madana Phala has

1. Rasa-Katu, Tikta, Kaṣāya, Madhura
2. Guṇa-Laghu, Rūkṣa
3. Vīrya - Uṣṇa
4. Vipāka - Katu
5. Karma - Vāmaka (Emetic)
6. Doṣa - Kapha - Pitta Śodhana

Caraka has described 133 yogās of Madanaphala. The Phala (fruit) consists of Saponin, Valerian acid, Wax, Rāla and Sulphur etc. In the seed a Sugandhya Dravya (Aromatic substance) is present. Seeds of Madana Phala must be grinded with Ghṛta, Madhu, Tila kalka and then made to dry. This is called as Madana Phala Pippallī which is used for producing Vamana.
(Caraka Kalpa 1/3).

According to Caraka Vāmaka Dravya can be used in various forms, like - Vartī, Cūrṇa, Avleha, Sneha, Kaṣāya, Mānsa Rasa, Yavāgū, Yūṣa and Kṣīra etc. Ācāraya Caraka has used Madana Phala (Randia dumetorum) in more than 33 preparations.

Indications of Vamana Karma

Persons, who are fit for inducing Vamana Karma are called Vāmya, which include following—

1. Rhinitis (Pīnasa)

2. Leprosy, skin diseases (Kuṣtha)
3. Acute Fevers (Nava Jvara)
4. Tuberculosis (Rājyakṣamā)
5. Cough (Kāsa)
6. Asthama (Śawāsa)
7. Stiff Neck (Gala Graha)
8. Filariasis (Ślīpada)
9. Goitre (Galaganda)
10. Diabetes (Prameha)
11. Dyspepsia (Mandāgni)
12. Indigestion (Virudhājīrna)
13. Gastro Enteritis (Visūcikā)
14. Intestinal Obstruction (Alasaka)
15. Poisoning (Viṣa pīta)
16. Chemical Burn (Viṣa Dagdha)
17. Injured (Vidha)
18. Bleeding from Anus, Ureter or Vagina (Adhoga Rakta pitta)
19. Salivation (Mukha Praseka)
20. Piles (Arśa).
21. Nausea (Hrilāsa)
22. Indigestion (Avipāka)
23. Anorexia (Aruci)
24. Cervical Adenitis (Apaci)
25. Lymphadinitis (Granthi)
26. Epilepsy (Apasmāra)
27. Insanity (Unmāda)
28. Diarrhoea (Atisāra)

29. Oedema/Inflammation (Śopha)
30. Anaemia (Pāndu)
31. Stomatitis (Mukha Pāka)
32. Lactational Disorders (Stnaya Duṣti)
33. Tumours (Arbuda)
34. Bubo (Vidārikā)
35. Obesity (Medo Roga)
36. Cardiac Disorders (Hṛdroga)
37. Confusion (Citta Vibhrama)
38. Erysepalis (Visarpa)
39. Abscess (Vidradhi)
40. Foul Nasal Discharge (Putināsā)
41. Sore throat (Kanthapāka)
42. Ear Discharge (Karṇa Srāva)
43. Epiglotitis (Adhijivahikā)
44. Uvulitis (Gala Śundikā)
45. Kaphaja Disorders (Kaphaja Vayādhi)

(Caraka sidhi/10, Suśruta Cikitsā 33/18, Aṣtānga Hṛdya Sutra 18/1-3, Aṣtānga Sangraha Sūtra 27)

Contraindications of Vamana Karma

Persons, who are not fit for inducing Vamana Karma are called Avāmya, which include following—

1. Chest Injury (Kṣata Ksīna)
2. Excessive Obesity (Atisthūla)
3. Cachexia (Atikriśa)
4. Children (Bāla)

5. Old Aged (Vṛdha)
6. Weak, Emaciated (Durbala)
7. Tired (Śrānta)
8. Thirsty (Pipāsita)
9. Hungry (Kṣudhita)
10. Exhausted (Karma hata)
11. Tired due to carrying weight (Bhārahata)
12. Tired due to walking long distances (Adhwāhata)
13. Fast (Upavāsita)
14. Excess coitus (Maithuna Prasakta)
15. Excess Studies (Adhyayana Prasakta)
16. Excess Excercises (Vayāyāma Prasakta)
17. Excessive Anxiety (Cintā Prasakta)
18. Neuraesthenia (Kṣāmā)
19. Pregnancy (Garbhiṇi)
20. Tender (Sukumāra)
21. Constipation (Sanvrita Koṣtha)
22. Helminthiasis (Krimi Koṣtha)
23. Difficult Emesis (Duṣa Chardana)
24. Haemorrhagic Tendencies from upper part of the body (Urdhawa Rakta Pitta)
25. Continued Vomiting (Prasakta Chardi)
26. Erructations (Ūrdhawa Vāta)
27. Given Enema (Āsthāpita)
28. Given Oleus Enema (Anuwāsita)
29. Heart Disease (Hṛdroga)

30. Belching (Udāvarta)
31. Retention of Urine, Anuria (Mutrāghāta)
32. Splenomegaly (Plīha Doṣa)
33. Abdominal Swellings, Tumours (Gulma)
34. G.I.T. Disorders (Udara Roga)
35. Prostate Gland Enlargement, B.P.H. (Aṣthīlā)
36. Aphonia (Swaropaghāta)
37. Cataract (Timira)
38. Headache, Migraine (Śankha-Śiraha Śūla)
39. Earache (Karṇa Śūla)
40. Pain in Eyes (Akshi Śūla)
41. Usually Unhappy (Nitya Dukhi)
42. Piles (Arṣa)
43. Confusion, Vertigo (Bhrama)
44. Chest Pain (Pārśawa Ruka)
45. Neuro Muscular Diseases (Vātā Vyādhi)

(Caraka Sidhi 2/8, Suśruta Cikitsā 33/14, 15, Aṣtānga Hṛdya Sūtra 18/3-6)

If Vamana Karma is conducted in the conditions which are contraindicated then there will be aggravation of that disease and it may be difficult to cure it. In certain conditions like Ajīrṇa, Poisoning and Kapha dominant diseases Vamana can be given after assessing the Doṣa, Dūṣya, Deṣa, Bala & Kāla etc. Similarly Caraka is of the opinion that in case of Chardi, Hṛdrogās and Gulma though Vamana is contraindicated but if needed, it can be administered considering the stage of the disease.

(Caraka Sidhi 26/16)

Procedure of Vamana Karma

Vamana is usually the first major procedure of Pañcakarma therapy. It has to follow the Pūrva-Karmās, Snehana and Svedana, and should generally precede Virecana Karma.
(Suśurta Cikitsā 33/19)

The essential pre-requisites for Vamana Karma are as follows– (Caraka Sūtra 15/9)

1. Adequate Snehana and Svedana of the patient has to be done.
2. The patient should be in happy mood.
3. Patient must have enjoyed sound sleep the previous night.
4. Proper digestion of the previous night's meals.
5. Patient should have taken full bath, having applied Pralepa.
6. Brāhamāṇās should be requested to recite auspicious Mantrās and bestow their blessings on the patient on an auspicious day with auspicious Nakaṣatra.
7. The physician must also take into account the different astrological factors while administering the above therapy to the patient.

The whole process of Vamana Karma may be dealt under following heads –

(1) Pūrva Karma of Vamana Therapy (Preoperative Procedures)

- (1) Collection of drugs
- (2) Examination of the patient
- (3) Deciding the dose of an emetic
- (4) Preparation of the patient –
  - (a) Dietic regimen before the Emetic Therapy
  - (b) Oleation and Sudation Therapy
  - (c) Mānsopacāra

(2) Pradhāna Karma of Vamana Therapy (Operative Procedures)

This is dealt in five stages

(1) Administration of Vāmaka Dravaya

(2) Observation of the patients

(3) Deciding of the Vamana Vegās

(4) Observation of the features of Adequate, Inadequate and Excessive Emesis Therapy.

(5) The Observation of the complications of Vamana therapy and their management

(3) Pascāta Karma of Vamana Therapy (Post Operative Procedures) – Saṁsarjana Krama etc.

(1) Dhūmrapāna

(2) Regimen after Emesis

(3) Saṁsarjana Krama

(4) Saṅtarpaṇa Cikitsā

(5) Vamanottara Śodhana of the Patient

(I) Pūrva Karma of Vamana Therapy (Preoperative Procedures)

1. Collection of Materials

Trained Staff, Equipments, Utensils and drugs for inducing Vamana Karma and for managing complications are to be collected at one place.

Standard Preparation Used

Madana Phala (Randia dumetorum)	6-10 gm.	(4 parts)
Vacā (Aconus calamus)	3-5 gm.	(2 Parts)
Rock Salt (Saindhava Lavaṇa)	3-5 gm.	(1 Part)
Honey		20 ml.

Thoroughly mix the preparations and make them into a paste. Mix in 100 ml. of warm milk or luke warm water and ask the patient to swallow.

In case emesis therapy is successful in eliminating vitiated Doṣās, the collected material can be used for measurement. If therapy goes wrong, specific drugs / remedies should be used to correct it as discussed below.

2. Examination of the Patient

Proper examination of the patient is necessary regarding his suitability for Vamana Karama. Various factors which are to be considered include – Season or time, Strength of the individual, built, diet, wholesomeness, mind of the patient, his constitution (Prakṛti) and status of his Agni.

3. Deciding the dose of an Emetic

The dosage of Vamana drug has to be determined according to principles laid down is Āyurvedic classics. The quantity of the drug which produces the desired effects in the form of elimination or adequate elimination of vitiated Doṣās is to be regarded as the proper dose for the patient.

In Aṣṭānga Sangraha it is stated that the factors which should be considered to decide the dose of an emetic drug include – strength of the disease, Koṣtha, age, country and time of administration.

Ācārya Caraka has recommended following properties for the selection of the drug for inducing emesis—

(1) The best medicine is that which removes maximum Doṣās from the body with minimum dose.

(2) It should produce Vegās in good manner.

(3) It should be digested properly.

(4) It should alleviate the disease process.

(5) It should not produce any complications.

(6) It should not produce exhaustion.

(7) Its smell, colour and taste should be palatable (Caraka Sidhi 6/16, 17).

Caraka has suggested the dose of Madana Phala Pippallī as that of the quantity which could be kept inside a fist (Caraka Kalka 1/14)

The dosage of emetic drug as per Śārangadhara is as follows

(1) The dosage of Kvātha (Decoction)

Uttama Mātrā –	576 Tolās.
Madhyama Mātrā –	384 Tolās
Hrisva Mātrā –	192 Tolās

(2) The dosage of Kalka (Paste)

Uttama Mātrā –	13 Tolās

(3) Avaleha

Maximum dose –	12 Tolās

(4) Chūrna (Powder)

Madhyama mātrā –	8 Tolās
Hīna Mātrā –	4 Tolās

(One Tolā is equivalent to appx. 10-12 grams)

This seems to be very high dose. This dose of the emetic drug should be regulated as per the factors discussed above (Caraka Sūtra 15/10; Caraka Sidhi 6/15, 16; Suśruta Sūtra 39/10, 12)

4. Preparation of the patient

(a) Dietic Regimen

The day before the induction of emesis, meat of animals, milk, curd, preparations of Tila and the food agravating kapha Doṣa should be given to the patient. (Caraka Sidhi 1/8)

On the morning of Emesis therapy, a gruel which is mixed with Ghee in sufficient quantity or large quantities of milk should be administered to the patient. This aggravates Kapha Doṣa. (Suśruta Cikitsā 33/3, 4; Aṣṭānga Hṛdya Sutra 18/13; Caraka Kalpa 1/14)

(b) Oleation and Fomentation

Usually Emesis must be preceded by Oleation and fomentation Therapies (Caraka kalpa 1/14, Suśruta Cikitsā 33/3, Aṣṭānga Hṛdya Sūtra 18/12). Ācārya Caraka has mentioned that for a patient who is to undergo emesis therapy must be substituted for Oleation Therapy and Sudation Therapy for 2–3 days prior to induction of Vamana Therapy (Caraka Kalpa 1/14).

The purpose of oleation and sudation therapies is to make the vitiated Doṣās klinna (Soft), liquified and to make them to move towards the Koṣtha.

(c) Mānsopacāra

The main objective of it is to keep the patient happy. The patient should be told about the details of the procedure to take him / her into confidence. The consent of the patient should be obtained. Any sort of fear, shame or ignorance about the procedures of Emesis should be pacified. The citation of Svastivācana and Mantrās, preying to God and other measures are adopted for keeping the patient in good mental health through out the procedure. The tranquility of mind is very essential.

(2) Pradhāna Karma

(Operative Procedures)

(1) Administration of Vāmaka Dravya

Vamana Karma should be performed in Kapha Kāla (7–8 AM). On the day of the Vamana before giving Vamana Kalpa Abhyaṅga and Swedana should be done to the patient. Ask the patient to sit comfortably in an armed chair and administer at least 2–2.5 liters (Ākantha) of either boiled milk, Yaṣthi Madhu (Glycerrhiza

glabra) decoction or sugar cane juice. Wait for 10 minutes and administer any one of the standared emetic drug formulation for inducing Vamana Karma.

The standard and effective Vāmaka or emetic formulation should be thoroughly mixed and made into a paste. Mix the paste in 100 ml. of warm milk or luke warm water and ask the patient to swallow it.

(2) Observation of the patient

As described by Caraka (Caraka Sūtra 15/12), Suśruta (Suśruta Cikitsā 33/79) and Vāgbhatta (Aṣṭāṅga Hṛdya Sūtra 18/10, 19), the patient after receiving the Vāmaka Dravya should be watched for a muhurata who develops features like (1) Sweda Prādurbhāva (2) Roma Harṣa (3) Kukṣi Ādhamāna (4) Hrillāsa and Lālā Srāva and finally (5) Vaman process is started.

Ask the patient to wait for 10 minutes. If the patient is getting a drive to vomit, instruct him to do so without bending his head too much. Start counting the number of bouts of vomiting and observe its contents.

Emesis should be continued till any one or all of the following things are observed –

(a) Till Bile / Pitta appears in the vomitus.

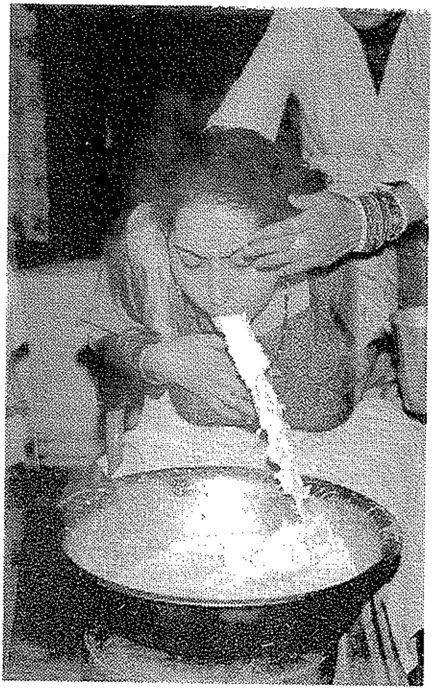
(b) The elimination of large quantities of accumulated Kapha/ Mucous.

(c) When output (total contents vomitted) is more than input.

(d) When the patient is getting exhausted.

In a state of absence of bouts, or insufficient bouts, warm saline water may be given to induce vomiting or Yaṣṭí Madhu phānta may be administered. If the emesis does not start even now, then the physician should try to stimulate the soft palate to induce vomiting.

An alternative way of inducing therapeutic emesis is by administration of 50 ml. decoction of Nīma (Azardirochta indica).



Induction of Vamana (Emesis) in a patient of Tamaka Śwāsa (Bronchial Asthama)

If this also fails, Rylés Tube aspiration and mechanical wash of Stomach should be done. If needed the process of Vamana Karma may be repeated 2-3 times in a years especially in Kapha Kāla (Vāsanttika Ṛtu) (Caraka Sūtra 15/9, 11, 12, Caraka Kalpa 1/14, Suśruta Cikitsā 33/6, Aṣṭānga Hṛdya Sūtra 18/10, 19).

Blood Pressure, Pulse Rate, General condition of the patient and his Chest examination should be carried out at regular intervals through out the Vamana Karma. In case there is some thing wrong, it should be monitored accordingly.

The samples of the vomited material should be collected separately and sent to laboratory for getting it examined for its contents.

(3) Assessment of Vamana Vegās

A 'vega' is the number of times the Vāmaka Drug is vomited out after its administration to the patient. The vegās are to be assessed in terms of No. of Bouts, Total output / input, its contents and signs / symptoms produced after Vamana Karma. The criteria of assessment is d1escribed in the table given below–

S.No.	Parameters	Pravara Śudhi (Active Purification)	Madhyama Śudhi (Moderate Purification)	Avarā Śudhi (Mild Purification)
1.	No. of Bouts	8	6	4
2.	Total output/ Input	Output>Input	Output ≥ Input	Output < Input
3.	Contents Vomited	Bile / Pitta	Bile / Pitta	Bile/Pitta
4.	Signs and Symptoms	As Per Texual Description	As Per Texual Description	As Per Texual Description

(Caraka Sūtra 15/12, Caraka Siddhi 1/13, 14)

"Pittānta Vamana" is the best type of Samśodhana of the patients after Vaman Karma. The sequence of expulsion of Dośa in Vamana karma is Saliva, Drug, Kapha, Pitta and Vāta Doṣa. (Suśruta Cikitsā 33/23)

(4) Observation of the features of Adequate, Inadequate and Excessive Vamana Therapy

Features of Samyaka (Adequate) Vamana

1. The Doṣās act in time (Doṣa Kāla Pravṛtti)
2. Elimination of Doṣās in the order of kapha, Pitta, Vāta.
3. Self Induction of Vamana.
4. Lightness in Cardiac region (Hridya Śudhi)
5. Lightness in Chest (Pārśwa Śudhi)

6. Lightness in Head (Mūrdha Śudhi)
7. Lightness through out body (Srōto Śudhi)
8. Sharpness in the activities of Sensory Organs (Indriya Śudhi)
9. Lightness in Body (Laghutā)
10. Emaciation (Kārśya)
11. Weakness (Daurbalya)
12. Feeling of lightness / Clarity in Throat (Kantha Śudhi)
13. Salivary Secretions (Kapha Samsrāva)
14. Reduction in Symptoms of the Disease (Anati Mahati Vyathā)

Features of Asamyaka (Inadequate) Vamana

1. Urges are not observed regularly and in time (Vega Apravṛtti)
2. Only Medicine is expelled out (Auṣadha Pravṛtti Alone)
3. Involuantary Ceasation of Vamana Vega
4. Hridyāśudhi
5. Sroto Aśudhi
6. Heaviness in the body (Guru Gātratā)
7. Papules (Sphoṭa)
8. Erruptions (Kotha)
9. Itching (Kandu)
10. Sputum Expectoration (Kapha Praseka)
11. Fever (Jvara)

Features of Excessive Vamana

1. Froathy Vomiting (Phenila Vamana)

2. Haemetemesis (Sarakta Candrikā Vamana)
3. Thirst (Triṣa)
4. Confusion (Moha)
5. Faitnting (Mūrchā)
6. Aggravation of Vāta (Vāta Prakopa)
7. Insomnia (Nidrā Hāni)
8. Weakness (Bala Hāni)
9. Cardiac Pain (Hṛta Pīdā)
10. Throat pain (Kantha Shūla)
11. Clouding of Vision (Tamaha Praveśa)
12. Co nfụsion (Brahma)
13. Excessive Biliary Discharges (Pittāti Yoga)
14. Death due to excessive Haemorrhage (Mrityu Śoṇita Nirgamatā)
15. Burning (Dāha)

(Caraka - Sidhi 1/14, Sūtra 15/13, Siddhi 6/20, Siddhi 1/15; Suśruta Cikitsā 33/7).

(5) Vamana Vyāpada (Complications of Vamana Therapy)

(a) Ācārya Caraka has described following 10 Vamana and Virecana Vayāpada (Complications of Vamana and Viirecana Therapy)

1. Flatulance (Ādhamāna)
2. Cutting Pain (Parikartikā)
3. Discharge (Srāva)
4. Discomfort in Cardiac region (Hṛda graha)
5. Stiffness in the Body (Gātra graha)
6. Haemetemesis (Jīwādāna)

7. Mental Confusion (Vibhranśa)
9. Complications (Upadrava)
10. Neurasethenia (Klama)

(Caraka Sidhi 6/29)

(b) Ācarya Suśruta has narrated following 15 Vamana Vayāpada (complications of Vamana)

1. Diarrhoea (Virecana) caused due to Vamana Drugs
2. Residual of Drugs (Saāvśeṣatwa of Drug)
3. Digestion of Drug (Jīrṇa Auṣadhatava)
4. Deficient elimination of Doṣa (Hīna Dośāpaharaṇa)
5. Neuralgic pain (Vātaśūla)
6. Ineffective emesis (Ayoga)
7. Ayoga (Atiyoga)
8. Haemetemesis (Jīvādāna)
9. Flatulance (Ādhamānā)
10. Cutting Pain (Parikartikā)
12. Diarrhoea (Pravāhikā)
13. Heart Displacement (Hṛdyāpsarana)
14. Constipation (Vibandha)
15. Emesis (Vamana) Caused by Virecana Drugs

(Suśruta Cikitsā 34/2)

Causes of Improper Vamana

Improper induction of Vamana in the patient may be due to following factors –

1. Inadequate Snehana or Swedana of the patient
2. Increased bala (Strength) of the patient.

3. Ineffective Medicine
4. If the Koṣṭha is Kathora, Krūra or Mṛdu.
5. Āma Doṣa.
6. Tīkaṣaṇāgni of the patient (Voracious Appetite)

Due to these factors the Vāmaka Dravya is either digested in the body or it causes Ajīrṇa (Indigestion) in the body, resulting in inadequate Vamana. The only treatment of this condition is to induce Vamana again.

Management of Complications of Vamana Karma

The complications of Vamana Karma occur either due to Atiyoga or Mithyā yoga i.e. excessive or improper or inadequate administration. Following four causes are responsible for production of complications.

1. Apravṛtti of Vegās
2. Alpapravṛtti of Vegās
3. Asamyaka Pravṛtti of Vegās
4. Atipravṛtti of vegās.

The process of Emesis is a bit exhaustive procedure which is devoid of major complications if proper care has been taken for the selection and preparation of the patient and in employing correct technique.

Some of the common problems encountered are–

1. Diarrhoea - Blood pressure and Pulse Rate of the patient should be monitored. There is no need of any active management. If it persists, one should administer Oral Rehydration Therapy or I.V. Fluids.

2. Haemetemesis - It is due to irritation of pharynx and rarely due to Gastric injury or mucosal eruptions. If it happens then,

(i) Stop the procedure
(ii) Use Antispasmodics

(iii) Use Haemostatics. Following preparations may be administered–

Kāmadudhā Rasa	-	250 mg
Pravāla Piṣṭī	-	500 mg
Jahara Moharā	-	250 mg
Vamana Kuthāra Rasa	-	250 mg.
One Dose	×	as per need
Anupāna Madhū (Honey)		

3. Excess Vomitings – If the process of Emesis continues even after appearance of Pitta / Bile, it may lead to electrolyte imbalance and other complications. In such cases antiemetic measures should be used –

Suta Śekhara Rasa	-	250 mg
Myura Piccha Bhasma	-	125 mg
Śankha Bhasma	-	250 mg
One Dose	×	as per need
Anupāna Madhu (Honey)		

Lemon juice mixed with water, Śankha Bati or Sanjivanī Vatī may also be used as per need, Śītopacāras should be done.

(Caraka Siddhi 6/31)

(3) Paścāta Karmās of Vamana Therapy (Post operative Procedures)

The processes which are done immediately after the completion of the Vamana Karma for coming to normal diet are included in Pascāta karma.

1. Patient should be advised to lie down on a bed comfortably and his hands, feet and face should be well cleaned with a piece of cloth.
2. Patient's B.P., Pulse rate, Respiratory Rate and weight should be measured carefully.
3. The feet and palms of the hands of the patient should be massaged with Vātahara oils. Patient should take rest from ½ to one hour.

4. Exposure to direct wind should be avoided.

In addition, following post operative procedures should be adopted –

1. Dhūmapāna

The patient should be advised to smoke cigars as per his requirement made with Dhūmāpāna Dravyās which may be –

(a) Unctuous (Snaihika Dhūmapāna)

(b) Śamana (Alleiviating Dhūmapāna)

(c) Virecana (Eliminative Dhūmapāna)

Dhūmapāna expels out Doṣās, Kapha and unctuousness in Throat, Mouth, Nose and Srotasa.

(Caraka Sūtra 15/14)

2. Regimen After Emesis

After the Vamana Karma is over the following things are to be avoided by the patient–

1. Speaking Loudly
2. Over Eating
3. Long continued sitting
4. Too much walking
5. Anger
6. Anxiety
7. Exposure to heat and cold
8. Open Air / Strong winds
9. Too much use of Vehicles for Travelling
10. Coitus
11. Night Arousal

12. Suppression of Natural Urges

(Caraka Sūtra 15/15)

(3) Saṅsarjana Krama (Diet Regimen after Vamana)

Vamana Karma temporarily diminishes the Koṣthāgni. To improve it and stimulate it, Ācārya Caraka has suggested the administration of Peyā and Vilepī in a sequence.

The patient who has been subjected to Vamana Karma should take Peyā, Vilepī, Akṛta Yūṣa, Kṛtta Yūṣa, Akṛtta Mānsa Rasa and Kṛtta Mānsa Rasa for 3 Annakāla for Pravara Śudhi, 2 for Madhyama Śudhi and 1 for Avara Śudhi and on the 7th day normal diet should be restored.

Following instructions should be followed by the patient and he should avoid–

1. Intake of diets of opposite qualities & undigetible food materials.
2. Diet which is against the propriety of time.
3. Diet deficient in Nutritional Value.
4. Intake of heavy diet.
5. Irregularly mixed up diet.
6. Over Eating.
7. One type of Rasa in Diet.

(Caraka Siddhi 1/11, Caraka Sūtra 15/15)

Following Vihārjanya activities are to be followed–

1. Proper Rest.
2. Should avoid exposure to wind / air.
3. Should observe celibacy.
4. To avoid over exertion.

(4) Saṅtarpaṇa Cikitsā

As a routine Saṇsarjana Krama is indicated in all patients after Vamana Karma. 'Peyā' which is recommended is Abhiṣayandī and Kapha Vardhaka. Therefore after considering the condition of Doṣās etc. "Tarpaṇa" is indicated during Samsarjana Krama. Dalhaṇa has recommended administration of Mānsa Rasa in Vāta dominant patients.

Ācārya Caraka has also recommended that in following conditions "Tarpaṇa" should be administered against Peyādi Krāma–

1. Improper Śodhana
2. In habit of consuming Alcohol daily
3. Kapha Pradhāna and Pitta Madhyama Bala patients
4. Vāta Pitta Prakriti

(Caraka Sidhi 6/25)

(5) Vamanottara Śodhana of the Patient

(Preparation of the patient for further Purificatory Process)

After Emesis, if no further purificatory methods are to be employed, then palliative treatment should be adopted. If the Virecana is to be done, then on the evening of 7th day, normal diet must be given and on the 9th day the administration of Sneha must be instituted. After 15 days of Vamana Therapy the Virecana therapy must be instituted.

Dalhaṇa recommends that after 15 days of the Vamana therapy, Purgation therapy should be instituted. If the Snehapāna is done earlier than 15 days, then it may lead to Agnimāndyạ. In case of Pravara Śudhi the Sansarjana Krama must be adopted. On 6th day, Snehapāna and the rest on 12, 13 day Sudation or Fomentation must be done.

Cakara has described that on the day of either Sneha Pāna or Anuvāsana Vasti, after Vamana Therapy, if Virecana Therapy is to be instituted, then on 9th day the internal administration of Sneḥa must be done. Anuvāsna Vasti is to be given on 9th day.

In case of Madhya Śudhi the normal diet shoul be restored on 3rd or 5th day. (Caraka Sidhi 1/20, Suśruta Cikitsā 36/51)

Examination of the Doṣa / Excreta after Vamana

After completion of the adequate Vamana karma, the physician should examine the Vomitted material (excreta). Following points should be examined –

1. Total Quantity of Vomitted material and its contents.
2. Physical Examination of Vomitus (Excrecta) - its colour, smell, presence of Doṣa, presence of blood or any other abnormal content should be looked for.
3. Chemical Examination of Vomitus (Excreta) - pH of the contents, presence of HCl & other chemical substances in the vomitus.

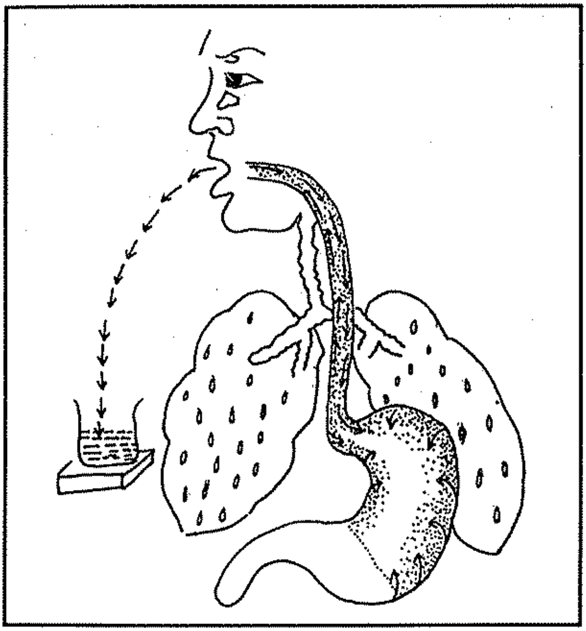
Probable mode of Action of Vāmaka Dravyās

Vāmaka Dravyās have following properties-

1. Uṣṇa
2. Tīkṣaṇa
3. Sūkṣama
4. Vyavāyi
5. Vikāsi
6. Ūrdhawa Bhāgahara

Following pharmacological actions of Vāmaka Dravya work in collaboration with each other to produce emesis –

1. Due to Uṣṇa Guṇa, it produces Pācana, Dahana, Svedana and Spreading of the drug at cellular level. Lavaṇa produces Viśayandana in the body, that is why Vamana Dravya are administered with Lavaṇa.
2. Tīkṣṇa Guṇa of Vāmaka Dravya is responsible for its quick action, Śodhana, Pācana, Chedana and Sravana of Doṣās in their own places.



Diagramatic Representation of Emetic Action in Upper half of the body (Vamana Karma)

3. With the help of Sūkṣama Guṇa, the Vamana Dravya enters micro circulaory channels (Srotasās) and leads to Pācana and Viṣyandana of Doṣās and ultimately directs Doṣas towards Koṣtha, from where they are eliminated easily.

4. Due to Vayavāyi and Vikāsi Guṇās, the Vāmaka Dravya reaches the cellular level (all Dhātus) without being digested and produces sandhiśaithilaya ie. Doṣās līṇa in Dhātus are also attacked by the Vāmaka Dravya and migrated to Koṣtha for elimination.

5. Vāmaka Dravyās produce Vamana due to its "Ūrdhawa Bhāga Hara Prabhāva".

(Caraka-Kalpa 1/5, Sūtra 20/23)

The main action of Vāmaka Dravya is on the stomach of the

individual. In the stomach it acts on the very root cause of the vitiation of Kapha. The vitiated kapha present in entire body is alleviated and expelled out through the mechanism of Vamana and the disease process is stopped. The Oleation and Sudation therapies aggravate the Doṣas ie. Kleda of the body is increased. Uṣṇa and Tīkṣṇa Guṇa of Vāmaka Dravyās are responsible for removal of kleda from the body in the form of Vomitting.

The fat content of blood (Serum Chotestrol) increases temporarily after oleation therapy. But after the Vamana Karma is over, the fat content of blood returns to normal. This is due to the fact that Sneha is brought from Raktādi Dhātus (tissues & cells) to koṣtha (GIT) and finally it is thrown out of the body.

Modern Concepts of Emesis

The drugs which produce vomiting in the body are called Emetics. The process of Vomiting is called as Emesis.

The emesis follows excessive Salivary Secretions, Sweating in the body and excessive accumulation of mucous in the Alimentary tract. Pulse Rate, Respiratory Rate, Heart Rate, and B.P. are increased during Emesis, but gradually return to normal after the procedure of Emesis is over. At the beginning of the Emesis the cardiac end of the stomach is opened and Pyloric sphincter is closed, to allow unidirectional flow of the contents. Diaphragm and abdominal muscles contract to help in the process of emesis and in the expulsion of gastric contents. Emesis is regulated by the vomiting centre situated in the 4th ventricle of medulla oblongata.

Types of Emetic drugs with their modes of Actions

According to their modes of actions, Emetics are described to be of two types–

(1) Local Emetics or Reflex Emetics or Gastric Emetics.

(2) Central Emetics

Local Emetic Drugs on reaching stomach, stimulate the Gastric Mucosa along with stimulation of Vagus Nerve and Sympathetic

nerve fibers. These nerves carry the reflex of stimulation to the vomiting centre in the brain. When this Centre is Stimulated it leads to reflex emesis. This process is completed when the Vāmaka Dravya reaches pyloric end of stomach.

Administration of luke warm water, Yaṣthi Madhu kwātha, Pippli kvātha or saline water induce Emesis by reflex stimulation of Vomiting centre of brain.

Central Emetic Drugs produce vomiting after stimulation of the vomiting centre in the brain after being administered in the body. These drugs also stimulate Gastric muscles, Diaphragm, GIT and increase peristalsis. Their action is more prompt. Digitalis and Apomorphine are the examples of Central Emetics.

On critical examination it will be appreciated that the concept of Emesis on Āyurvedic principles is very close to the concept of mode of action of modern Emetic Drugs.

Chapter 6

Virecana Karma (Purificatory Purgation)

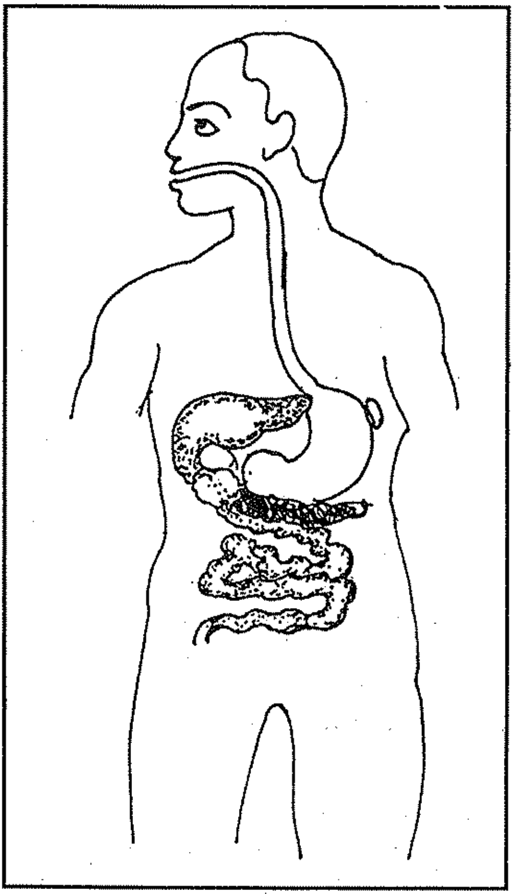
Virecana is purificatory procedure of purgation that involves elimination of Pitta dominating Doṣās / toxins of the body through anal route.

Virecana is the next major Pradhāna Karma included under Pañca Karma Therapy. Virecana means to expell out Doṣās through Adho Bhāga (Anal route). By this route the Doṣās can be eliminated by Niruha Vasti also but Niruha Vasti has no power of Adho Bhāgaharaṇa. Therefore Niruha Vasti can not be included under Virecana Karma. Virecana expells out the Āmāśayādi Doṣās dragging them towards the Adhobhāga through the Gudā (Anus). Similarly the Niruha Vasti removes the Doṣās from Pakwāśaya (large intestine). Another point of differentiation between Virecana karma and Niruha Vasti is that the Virecana is a specific treatment for Pitta Doṣa while Vasti is recomended for treating Vāta-Doṣa.

Virecana should be practised only after the Pūrva-Karmās using the Snehana and Svedana (Caraka Sutra 1/77-80). Virecana aims at the elimination of Doṣās which cannot be removed by Vamana or through Kidney, Stomach, Lungs or Sweat Glands. This process is meant for elimination of Doṣās through Purīṣadhara Kalā and Yakṛta (Lower Intestines and Liver).

Virecana Karma is a specific process for elimination of Pitta Doṣa (Caraka Sūtra 25/40). It is specially indicated for Pitta Doṣa, Pitta predominant Doṣās, Pitta-Kaphaja or Kaphaja or Kapha - Pitta Doṣās situated in Pitta Sthāna. (Aṣtānga - Hṛdaya

Sutra 27). Virecana is not contra- indicated in Kapha Doṣās, rather it is also a treatment for it. Āmāśaya is the seat of Kapha and Pitta both, hence Virecana is useful for the treatment of both the Doṣās. Vamana is a tiresome and stressfull process but Virecana is a painless procedure. There are less possibilities of complications in Virecana in comparison to Vamana, and if at all there is any, it is not virulent and can easily be treated. This process is also useful for elimination of Vāta Doṣa like Pitta and Kapha. Snehana, Svedana and Mṛdu-Virecana is indicated for the treatment of Vāta-Doṣa (Aṣṭānga Hṛdaya



Pitta Dominant Areas in the body

Sutra 13/1). Thus the scope of Virecana therapy is wider amongst all the Pitta Doṣās and by the subsidence of Āmāśayastha Pitta all the Pitta Doṣa gets subsided (Caraka Sutra 20/19).

Properties and Pharmacological actions of Virecana Dravyās (Purgatives)

Virecana Dravyās have all the properties of Vamana Dravya i.e. Uṣṇa, Tīkṣṇa, Sūkṣma, Vyavāyi and Vikāsi. These drugs consist of Prithavi and Jala Mahābhūtās. Virecana Drugs have a specific property of removing the Doṣās from the lower part of the body (Adhobhāga). Following Virecana Drugs described by Caraka have been given preference for different degrees of Virecana Karmās:—

(1) Sukha Virecana — Trivrita root

(2) Mṛdu Virecana — Āragwadha

(3) Tīkṣṇa Virecana — Snuhi Milk

There are several drugs which induce Virecana. To produce a comfortable Virecana, 'Trivrita' is the best drug.

In Caraka Kalpasthāna Śyāma, Trivrita, Āragawadha, Lodhra, Snuhī, Saptalā, Śankhinī, Dantī and Dravantī Kalpās are described in separate chapters for Virecana.

Virecana Drugs mentioned in Caraka Samhita

(1) Mūla or Roots (Mūlini Dravyās)

1. Croton oblongifolius (Hastidantī)
2. Operculina turpethum (Śyāmā Trivrita)
3. Operculina turpethum (Śweta Trivrita)
4. Pueraria tuberosa (Vidāri)
5. Acecia rugata (Saptalā)
6. Balio-spermum montanum (Dantī)

7. Citrullus colocynthis (Gavākṣi)
8. Viṣnikā
9. Cassia auriculata (Avartakī)
10. Gynandropsis pentaphylla (Ajagandha)
11. Croton tiglium (Dravantī)

(Caraka Sūtra 1 / 77-80)

(2) Fruit (Phalini Dravya)

1. Canscora decussata (Shankhini)
2. Embelia ribes (Vidanga)
3. A vareity of Glycyrrhiza glabra (Jalaja Madhuyaṣthi)
4. Glycyrrhiza glabra (Yaṣthimadhu) (Sthalaja Klītaka)
5. Prakeerya Pongamia glebra (Karanja)
6. Holoptelia integrifolia (Udakīryā–Variety of Karanja)
7. Terminalia chebula (Abhayā)
8. Argyreia speciosa (Antakotāra Puṣpa)
9. Mallotus philippinensis (Kampillaka)
10. Cassia fistula (Āragwadha)

(Caraka Sūtra 1/81-85)

(3) Salts (Lavaṇa)

The Lavaṇās described in Vamana Adhyaya may be used for producing Virecana e.g. Souvarcala Lavaṇa, Saindhawādi Lavaṇa etc.

(Caraka Sūtra 1/89-92)

(4) Kṣīra Virecana or milk

1. Euphorbia nerrifolia (Snuhi Kṣīra)
2. Calotropis procera (Arka Kṣīra)

(Caraka Sūtra 1/114, 115)

(5) Virecana Drugs Used in Pakwāśyagata Doṣa

1. Operculina turpethum (Trivritā)
2. Triphalā
3. Baliospermum montanum (Dantī)
4. Indigofera tinctoria (Nīlinī)
5. Acacia rugata (Saptalā)
6. Acorus calalmus (Vacā)
7. Mallotus phillippinensis (Kampilla)
8. Citrullus colocynthis (Gavākṣī)
9. Mimusops hexandra Roxb. (Kṣīrinī)
10. Holoptalia integrifolia (Udakīrya)
11. Salvadora persica (Pīlu)
12. Cassia fistula (Āragwadha)
13. Vitis vinifera (Drākṣā)
14. Croton tiglium (Dravantī)
15. Barringtonia acutangula (Nicula)

(Caraka Sutra 2 / 9, 10)

(6) Bhedanīya Dravya

1. Operculina turpethum (Trivritā)
2. Catatropis procera (Aṛka)
3. Ricinus communis (Eranda)
4. Semecarpus anacardium (Agnimukha)
5. Citrullus colocynthis (Citrā)
6. Baliospermum montanume (Dantī)
7. Plumbago zeylanica (Citraka)
8. Pongamia glabra (Karanja) (Chirabilva)

9. Canscora decussata (Śankhinī)
10. Argemone mexicama (Swarṇa Kṣīrī)

(Caraka Sūtra 4 / 4)

(7) Virecnopaga Dravya

These help in Virecana Karma. These include

1. Vitis vinifera (Drākṣā)
2. Gimelina arborea (Gambhārī)
3. Butea frondosa (Phālsā)
4. Terminalia chebula (Abhyā)
5. Phylanthus emblica (Āmalkī)
6. Terminalia belerica (Vibhitaka)
7. Ekecgu (Kuwal)
8. Zizy phus jujuba (Badara)
9. Kakandhu
10. Salvodara persica (Pilu)

(Caraka Sūtra 4/24)

(8) Purīṣa Virajanīya Dravyās

Drugs which remove the Doṣas from the body and also remove faeces from the body are called Purīṣa Virajanīya Dravyās. These include—

1. Syzygium cumini (Jambu)
2. Boswellia serrata (Śallākī)
3. Cinnemomum xylanicum (Twaka)
4. Fagonia arabica (Durlabha)
5. Glycyrriza glabra (Madhu Yaṣthi)
6. Pinus roxburghil (Sriveṣtaka)
7. Bhriṣtāmritā

8. Homoea raniculata (Pāyasya)
9. Nybhea stellata (Neelotpala)
10. Seasamum indicum (Tila)

(Caraka Sūtra 4/32)

(9) Best (Agraya) Dravyās

1. Yava (Hordeum vulgare) This is the best drug which increases the quantity of Mala (faeces) in the body.
2. Trivrita (Operculina turpethum) is the best drug for Virecana.
3. Āragwadha (Amala tāsā) (Cassia fistula) is the best drug for Mṛdu Virecana.
4. Snuhi kṣīra (Milk of Euphorbia nerifolia) is the best drug for Tīkṣana Virecana
5. Amalvetasa (Garcinia penduncullata Roxb.) is the best drug for Bhedana and Anulomana.

(Caraka Sūtra 25/40)

Suśruta has described the following drugs with priority for Virecana–

1. Among Roots (Mūla Virecana) - Śyāmā - Trivrita
2. Among Barks (Twaka Virecana) - Tilvaka
3. Among Fruit (Phala Virecana) - Haritakī
4. Among Oils (Taila Virecana) - Eranda Taila
5. Among Juices (Svarasa Virecana) - Kārvellaka
6. Among milk (Pāyasa Virecana) - Sudhā - Snuhi

(Suśruta Sūtra 4/1, 2)

Types of Virecana

As a matter of fact there are several types of Virecana Drugs. But depending upon their mode of action, Virecana Drugs can

be grouped in following types–

(1) 3 Types of Virecana (Caraka)

1. Sukha Virecana - Trivrita
2. Mṛdu Virecana - Āragawadha
3. Tīkṣṇa Virecana - Snuhi milk

(Caraka Sūtra 25/39)

(2) 4 Types of Virecana (Śārangadhara)

Śārangadhara has classified Virecana Drugs into following four types–

1. *Anulomana* - Those drugs which digest the Āma Doṣa of Malās, disintegrate the compactness of Malās (Stool) and drag them towards Adhobhāga, they are termed as Anulomanna Virecana drugs e.g. Haritakī. Since these drugs digest the Āma Doṣa of Malās, there fore they act slowly.

2. *Sṛansana* - Those drugs which do not digest the Āma Doṣa, but drag the Malās which are stuck up in intestines to Ādhobhāga and expel them out are called as Sṛansana drugs. e.g. Āragvadha, Kuṭaki. Their mode of action is faster in comparion to Anulomana drugs.

3. *Bhedana* - Those drugs which break down compact, solid, dry and hard stool into pieces and expel them through Adhobhāga are termed as Bhedana Drugs. e.g. Kuṭaki. Their action is manifested clinically even faster than Sṛansana Drugs.

4. *Recana Drugs* -The drugs which expel 'Pakva' or 'Apakva Malās' in liquid form through Adhobhāga are called as Recana Drugs e.g. Trivṛta. These drugs are most effective amongst all types of Virecana drugs.

(Śārangadhara, Purva Khanda 4/3-6)

Normally during Vamana Therapy Doṣās are expelled out through Ūrdhava Bhāga (oral route) without any consideration for Pakwa or Apakwa Doṣa, but in Virecana Karma, the Pakva Doṣās are expelled out through Adhobhāga (Anal route). (Suśruta Cikitsā 33/34, Aṣtānga hṛdya Sūtra 18/47, 48).

Types of Virecana Drugs (Caraka, Suśruta)

Depending upon the physical characteristics, Virecana Drugs are divided into two types –

(a) *Snigdha Virecana* - The Virecana induced with the drugs having properties of Snigadha Guṇāṣ are called Snigdha Virecana, e.g. Tilavaka, Eranda, Āaragwadha and Saptalā. Patients who are subjected to adequate Snehana or those who are of phsysical constitution dominated by Snigdha Guṇās should not be administered Snigdha Virecana, they should be given Rūkṣa Virecana.

(b) *Rūkṣa Virecana* - The Virecana Drugs having the properties opposite to Snigadha Virecana drugs are called as Rūkṣa Virechana Drugs. Patients having aggravated Doṣas (Uttkliṣtha Doṣās) after Oleation Therapy should be advised Rūkṣa Virecana. e.g. Visarpa (Erysepalis), Piḍikā (Carbuncles), Śotha (Oedema), Kāmlā (Jaundice), Pāndu (Anaemia), Abhighāta (Trauma) and poisoning are some of the conditions where patients should be administered Hṛsava Snehana and Rūkṣa Virecana. e.g. Haritakī Dantī, Kutakī etc.

(Caraka Cikitsā 6/9, Sidhi 6/8; Suśruta Cikitsā 33/41)

Preparations of Administration of Virecana Dravyās

Depending upon various factors like, Palatability of drugs, desired effects, Prakṛti of the patient and availablility of drugs etc. various preparations of Virecana drugs may be administered

to the patients. These include following commonly used preparations -

1. Chūrṇa
2. Vartī Kṛyā
3. Āsava
4. Ariṣta
5. Avleha
6. Sneha-Taila
7. Kaṣāya
8. Mānsa Rasa
9. Pānaka
10. Yūṣa
11. Tarpaṇa
12. Śādava
13. Rāga
14. Ghṛta
15. Madya - Surā
16. Kṣīra
17. Yavāgū
18. Upadheyā
19. Modaka
20. Sīdhū
21. Dahi
22. Mūtra Yoga
23. Bhakṣaya Anna
24. Rasa Preparation

25. Kalka

26. Śṛta Śīta

(Suśruta Sūtra 44/90-91)

Indications of Virecana (Purgation) Therapy

1. Fever (Jvara)
2. Leprosy, Skin Diseases (Kuṣtha)
3. Urinary Disorders (Prameha)
4. Haemorrhages from upper part of the Body (Urdhavaga Rakta Pitta)
5. Fistula in Ano (Bhagandara)
6. Piles (Arṣa)
7. Scroto- inguinal Swelling (Bradhna)
8. Splenic Disorders (Plīhā Doṣa)
9. Abdominal Swellings (Gulma)
10. Tumours (Arbudda)
11. Goitre (Galganda)
12. Lymphadenitis (Granthī)
13. Poisoning (Gara)
14. Cholera (Visūcikā)
15. Cholera Sicca (Alasaka)
16. Anuria, Uinary Retention (Mutrāghāta)
17. Helminthiasis (Kṛmi Koṣtha)
18. Erysepalis (Visarpa)
19. Anaemia (Pāndu)
20. Headache (Śiraha Śūla)

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20. Headache (Śiraha Śūla)

21. Chest Pain (Pārśva Śūla)
22. Reverse Peristalsis (Udāvarta)
23. Burning Eyes (Netra Dāha)
24. Burning mouth (Āsya Dāha)
25. Heart Diseases (Hṛdroga)
26. Pigmented Spots on face (Vayaṅgya)
27. Bluish Pigmentation (Neelikā)
28. Anorexia (Arucī)
29. Lacrymation (Netraśrāva)
30. Rhinorrhoea (Nāsā Śrāva)
31. Chronie Jaundice (Halimaka)
32. Asthama (Śwāsa)
33. Cough (Kāsa)
34. Jaundice (Kāmlā)
35. Cervical Adenitis (Apaci)
36. Epilepsy (Apasmāra)
37. Insanity (Unamāda)
38. Gout (Vāta Rakta)
39. Gynae Disorders (Yonidoṣa)
40. Male Sexual Disorders (Reto Doṣa)
41. Cataract (Timira)
42. Gastro Intestinal Disorders (Udara Roga)
43. Indigestion (Avipāka)
44. Vomiting (Chardi)
45. Blisters (Visphoṭa)
46. Pain in lower Abdomen (Pakvāśya Rujā)

47. Constipation (Vibandha)
48. Abscess (Vidradhi)
49. Oedema (Śvayathū)
50. Injury by Instruments / Weapons, Chemical Burns (Śastra Kṣata, Kṣāra Agni Dagdha)
51. Septic wounds (Duṣta Vṛana)
52. Inflammation of Eye (Akṣi Pāka)
53. Conjunctivitis (Abhiṣayanda)
54. Cataract, Diseases of Eye (Kācha)
55. Burning Anus (Guda Dāha)
56. Burning Urethra (Medhra Dāha)
57. Burning Nose, Ear (Nāsā Dāha Karṇa Dāha)
58. Contipation and Flatulance (Ānāha)
59. Filariasis (Ślipada)
60. Lactational Disorders (Stanaya Doṣa)
61. Salivation / Nausea (Hrillāsa)

(Caraka Siddhi 2/13)

Contraindications for Virecana (Purgation The.apy)

1. Tender, Delicate Constitution (Subhaga)
2. Ano-rectal Injury (Kṣata Guda)
3. Prolapse of Rectum (Muktanāla)
4. Bleeding from lower parts of body (Adhoga Rakta Pitta)
5. Fasted (Langhita)
6. Weak Sensory Perception (Durbalendriya)
7. Poor Digestion (Alpāgni)
8. Enemata (Niruha)

9. Agitated by Passion, Sexual Stimulation (Kāmādi Vyagra)
10. Indigestion (Ajīrṇa)
11. Acute Fever (Nava Jwara)
12. Alcoholism (Madātya)
13. Flatulance (Ādhamāna)
14. Operated (Śalyārdita)
15. Injured (Abhihata)
16. Excessive Oleation (Atisnigdha)
17. Excessive Dryness (Atirukṣa)
18. Very Sensitive Abdomen (Dāruṇa Koṣtha)
19. Emaciating Chest Diseases (Kṣatakṣīna)
20. Obese (Ati Sthūla)
21. Cachexic (Ati Kṛṣa)
22. Child, Old aged (Bāla, Vriddha)
23. Weak (Durbala)
24. Tired (Śrānta)
25. Thirsty (Pipāsita)
26. Exhausted, Tired (Karmabhāra Adhwahata)
27. Fasted (Upavāsita)
28. Desire to have coitus (Maithuna Prasakta)
29. Excess Study (Adhyayana Prasakta)
30. Excess Exercise (Vayāyāma Prasakta)
31. Anxious (Cintā Prasakta)
33. Pregnant (Garbhini)
34. Puerperium (Nava Prasutā)
35. Acute Corrhyza (Nava Pratiśyāya)

36. Tuberculosis (Rājayakṣamā)

37. Diarrhoea (Atisāra)

38. Hungry (Kṣudhita)

39. Always Unhappy (Nitya Dūkhita)

40. Cardiac Disorders (Hṛdya Rogi)

41. Frightened (Bhayabhīta)

(Caraka Siddhi 2/11, Suśruta Cikitsā 33/31, Aṣṭāṅga Hṛdya Sūtra 18/7)

Procedure of Virecana Karma

Virecana Karma is a very simple process to administer as in comparison to Vamana, Vasti, Nasya and Rakta Mokṣaṇa etc. which are complicated. Virecana Karma can be administered as follows—

(1) Pūrva Karma of Virecana Therapy (Pre-Operative Procedures)

1. Collection of Drugs / Materials
2. Examination of the Patient
3. Preparation of the Patient
4. Deciding of the dosage to be given to the patient

(2) Pradhāna Karma of Virecana Therapy (Operative Procedure)

This phase consists of administration of Virecana Drug and till the stoppage of Virecana Vegās which can be completed under folowing heads-

1. The administration of Virecana Yoga
2. Examination of the patient who has undergone Virecana Therapy

3. Deciding the Vegās.
4. Observation of the features of Samyaka Yoga, Ayoga and Atiyoga (Features of Adequate, Inadequate and Excessive Virecana therapy)
5. Vyāpada (Complications) of Virecana and their treatment

(3) Pascāta Karma of Virecana Therapy (Post Operative Procedure)

1. Sansarjana Krama
2. Tarpaṇa and Śamanoṣadhi
3. Regime after Virecana Karma
4. Virecanottara Śodhana of the Patient

(I) Pūrva Karma of Virecana Therapy

(Pre operative Procedure)

1. Collection of Drugs / Materials

Before the administration of Virecana Karma, the Pūrva Karmās like Snehana and Svedana are essentially to be administered. Ābhayāntara Sneha is to be administered to the patient. The Virecana drugs which are mentioned in the Kalpa Sthāna of Caraka Samhitā must be collected. Single preparations or compound preparation are to be collected (as per the requirement) and preserved. To manage Atiyoga of Virecana, Drugs like Kutaja Ghanavati, Karpūra Rasa, Jātiphalādi Cūrna, Bilwādi Cūrna, Sanjīvani Vati, Sūtaśekhara Rasa, Śankhavati, Phalavartee, Hingavaṣtaka Cūrṇa, Kalpa of Anuvāsna and Pichchā Vasti, Śivā Kṣāra Pācana Cūrṇa etc. are to be preserved.

2. Examination of the patient

The patients for Virecana should be examined and selected on following parameters–

Doṣa (Humours), Bheṣaja (Drugs), Deṣa (Country / area), Kāla (Season), Bala (Strength), Shārira (Body Constitution), Āhāra (Diet), Sātmya (Adaptability), Satwa (Mind), Prakṛti (Constitution) and Vaya (age) etc.

(Caraka Sūtra 15/4)

Following should be examined daily in these patients undergoing Virecana Therapy – Nāḍi (Pulse), Mūtra (Urine) Mala (Stool), Jihwā (Tongue), Śabda (Ear), Sparśa (Skin), Dṛka (Eyes) and Ākṛti (Appearance).

(Yoga Ratnākara Nādi 1)

3. Preparation of the patient

In the preparation of the patient for Virecana Karma following factors are to be observed–

(a) Unctuousness or Oleation (Snehana)

(b) Sudation or Fomentation (Svedana)

(c) Emesis (Vamana)

(d) Post operative treatement (Sansarjana Krama)

(e) Once again oleation and fomentation (Snehana and Svedana again)

(f) Purgation (Virecana)

Virecana Karma will come on 15th day or else after giving normal diet to a patient. Snehapāna must be started on 9th day. If there is no need to give Virecana to a patient who has undergone Vamana then the normal diet must be administered to the patient on 7th day.

(Caraka Sūtra 15/16).

Suśruta has emphasised that Vamana must be administered before Virecana is to be instituted. If Vamana is not recommended and only Virecana has to be carried out, then kapha Doṣa will be stagnant in the intestines and the patient will develop Gaurava (Heaviness) or Pravāhikā.

(Suśruta Cikitsā 33/14)

Ābhayāntara Snehapāna must be done upto 7 days. If the Snehapāna is to be done after Vamana, then, after Sansarjana Krama on 9th, 10th, 11th and 12th day Snehapāna must be instituted. Then on 12th, 13th, 14th and 15th day Abhyanga and Svedana must be instituted. After Snehana 3days must be allowed as rest for the patient and then Virecana Therapy must be adopted. If there is contraindication for Svedana, then Virecana must be instituted after 3rd day of Snehapāna.

Virecanapayogi Diet (Food), Snigdha (Unctuous), Dravya (liquid), Uṣṇa (Warm/Hot), Mānsa Rasa, Rice, Āmalakī Swarasa must be given to the patient.

(Caraka-Sūtra 15/17, Siddhi 1/10, Sūtra 13/80, Suśruta Cikitsā 33/19)

(4) Dosage Schedule of Virecana Drugs

In case of Krūra Koṣthi person, Vāta Doṣa is predominant. In case of a Mṛdu Koṣthi person, Pitta Doṣa is predominant. In case of Kapha Doṣa Uṣṇa and Katu Rasa Pradhāna Dravyās and for Pitta Doṣa Śīta and Madhura Rasa Pradhāna Dravyās should be administered. General instructions to be followed in Vamana Karma are also to be followed in Virecana Karma. Ideal dosage for Vireana Karma is that which induces Virecana in adequate Mātrā without causing any complications. Dose of the drug to be administered should be decided according to the Prakṛti of "Virecana Drug" and "Patient" both. For a patient following five factors should be kept in mind —

1. Durbala Rogi
2. If Śodhana is already done
3. Alpa Doṣa
4. Kṛṣa Rogi
5. The nature of Koṣtha, if unknown.

In such cases Mṛdu Virecaka Dravya in small doses should be administered. (Aṣṭānga Hṛdya Sutra 18/50, 51). Before admistration of Virecana Karma, Kaphahara diet is to be avoided. If Kapha is lesser than normal, then Virecana becomes adequeately effective. If Kapha becomes more than normal, then Virechana Drugs may produce Vamana (Caraka Siddhi 1/10)

During Virecana Karma, the stomach should preferably be empty in contrast to Vamana where Stomach has to be full.

1. Empty stomach — Virecana Indicated
2. Full stomach — Kapha — Vamana Indicated

Śārangadhara has recommended following Dosage Schedule–

(A) Dose of Kvātha

1. Uttama Mātrā — 8 Tolā
2. Madhyama Mātrā — 4 Tolā
3. Hīna Mātrā — 2 Tolā

(*Note* – One Tolā is equivalent to appx. 10-12 ml.)

(B) Dose of Kalka and Curṇa

1. Uttama Mātrā — 4 Tolā
2. Madhyama Mātrā — 2 Tolā
3. Hīna Mātrā — 1 Tolā

(Śārangadhara Uttara Khanda)

On the basis of practical experiences follwing is the Dosage Schedule for various Virecana Drugs–

S.N.	Drug of Choice	Mridu Koṣtha	Madhya Koṣtha	Krūra Koṣtha
1.	Eranda Sneha	½-2 Tolā	2-5 Tolā	5-10 Tolā
2.	Trivṛtta	1-3 Māsā	3-6 Māsā	½-1 Tolā
3.	Drakṣā, Āragvadha, Haritakī Phānta, Triphalā Kwātha	1-2 Tolā	2½-5 Tolā	5-10 Tolā
4.	Jāya Phala, Snuhi	½-1 Rattī	1-2 Ratti	4-8 Rattī
5.	Isabagole	3 māsā	3-6 māsā	6 māsā to 1 Tolā

Doṣa wise use of Virecana Drugs

Śārangadhara and Bhāva Prakāśa have recommended follwing Doṣa wise use of Virecana Drugs –

(A) *1. Predominant Kapha Doṣa*

Tīkṣna, Uṣṇa and Kaṭu Rasa Pradhāna Drugs.

2. Predominant Pitta Doṣa

Madhura and Śīta Guṇa Pradhāna Drugs

(B)

S.N.	Dominant Doṣa/ Disorders	Drugs Recommended
1.	Pitta, Paittika	Trivritta Cūrṇa, Drākṣā Kvātha
2.	Kapha, Kaphaja	Triphalā Kvātha, Cows Urine, Trikaṭu
3.	Vāta, Vātika	Trivṛtta + Saindhava + Śunthi Cūrṇa with Kānji or Mānsa Rasa

(Śārangadhara Uttara Khanda 4 / 18, 19; Bhāva Prakaśa Pūrva Khanda - Pañca Karma Adhyāya)

(2) Pradhāna Karma of Virecana Therapy (Operative Procedure of Virecana)

1. The Administration of Virecana Yoga

Screen the eligible patient / subject, healthy / diseased as per the indications / contraindications. The patient should have already undergone Snehana, Svedana, Vamana and Sansarjana Krama as described earlier, before he is subjected to Virecana. However in some cases, a patient may be subjected to selective Virecana Karma directed for specific therapeutic indications without Vamana. For sequential Virecana the patient undergoes proper internal oleation for 3 days, followed by medicated fomentations for 3 days. A day before Virecana, light and warm Pittotkleśaka diet is to be recommended to the patient e.g. spicy and oleus diet.

On a specific day in Śubha Muhurata, in the early morning after enquiring from the patient whether last meal is digested or not, whether he / she slept in the night properly, observing the mental status of the patient (Patient should be in good mental control, happy & having full faith in the treating physician) and the patient is asked to recite "Svastayādi Vācanās". After wards appropriate Virecana Drug is administered to the patient.

Vāgabhaṭṭa has recommended that a Virecana recipe should be administered after the completion of the Kapha Kāla i.e. at least 2 hours after sunrise, between 7-8 a.m.

Generally the following combination of drugs is to be given to the patient to induce purgation —

1. Drākṣā (Vitis vinifera Linn) — 1 Tolā
2. Āragawadha (Cassia fistula Linn) — 1 Tolā
3. Haritakī (Terminalia chebula Linn) — 1 Tolā

4. Kutaki (Picrorrhiza kurrora) — ½ Tolā

Add 16 Tolās of water to above mixture, boit it and reduce it to 1/4th. Administer 4 tolās of Decoction along with 2½ Tolās of Eranda Taila (Ricinus communis) to the patient. With this compound preparation the patient will have Tīkṣaṇa Virecana i.e. Drastic purgation. As soon as the Kwātha (decotion) is cooled, then only the Icchābhedi Rasa in the dose of 4 Rattī is to be added for inducing Tīkṣaṇa Virecana to the patient.

To produce only Madhyama Virecana, then the Iccahabhedi Rasa may not be added to the preparation. If Avara Śudhi is required (minimum no. of vegās) then either Kwātha or Eranda taila is given to the patient.

(Caraka Sūtra 15/17, Aṣtānga Hṛdya Sūtra 18/33)

Standard Virecana Formulations

S.N.	*Type of Koṣtha*	*Drugs Used*
1.	Mṛdu Koṣtha	Root powder of Trivṛtta (Operculina turperthum) 10-15 gms. with luke warm water
2.	Madhyama Koṣtha	1. Root powder of Trivṛtta - 10 gms. 2. Eranda Taila (Castor oil) (Ricinus communis) 30ml.
3.	Krūra Koṣtha	1. Castor oil – 30 ml. 2. Jayapāla – 125 mg. (Croton tiglium)

Medicines can be mixed with honey to prevent Vomiting. Castor oil can be mixed with milk. Hot water in small quantity is to be given at regular intervals to induce bouts of Virecana, while cold water is absolutely cantraindicated.

2. Examination of the patient who has undergone Virecana Therapy

The patient who has under gone Virecana Therapy should be closely watched. His general condition, Blood Presure, Pulse

Rate, Respiration Rate and other vital signs and symptoms are to be maintained with in normal limits like that of Vamana Therapy. Virecana Drug may induce Vomitings. The face of the patient should be sprinkled with cold water. Patient should be kept in a room where no direct air is exposed to him. The patient should be given luke warm water in small quantity frequently. Cold water for drinking is absolutely contraindicated. The urge to pass stool or Vomit should not be stopped. If proper purgation is not started, palms of both hands of the patient should be rubbed with Vātahar oils and Svedana should be employed over abdomen.

(Aṣtānga Hṛdya Sūtra 27, Suśruta Cikitsā 33/22).

Treating physician should look for signs or symptons of Hṛddoṣa, Jīrṇaouṣadha and Ajīrṇaouṣadha.

Sings and symptons of Hriddoṣa

When there is adequate Virecana, then the patient passes the following in the order of Mala (Faeces), Pitta and Kapha. This is called "Kaphānta Virecana." Vata doṣa is passed in the last in 'Adequate Virecana'. There is feeling of weakness and lightness in the body.

(Caraka Siddhi 6/20)

If above signs and symptons appear in the body of the patient, and it appears that there is residual medicine still left in the Koṣtha of the patient, then Madana Phala, Vacā and Saindhava Lavaṇa should be adminstered to induce Vomiting.

(Caraka Siddhi 6/21)

Signs and Symptons of Jīrṇa auṣadha

These include proper passage of flatus, feeling of healthy state in the body, appetite, feeling of thirst, clarity of mind, lightness in the indriyās, proper belching.

Signs and Symptons of Ajīrṇa Virecana auṣadhi

Weakness, burning sensation, body pains, giddiness, fainting, headache & neuraesthenia etc., in such conditions Virecana

Drug should be administered the next day. If Virecana is still not induced, the patient should be administered Snehana and Svedana after 10 days and the process of Virecana should be started again. If the patient has pain in abdomen, flatulance, gastric upset, then Hot Water Bag Fomentations should be given over abdomen.
(Aṣṭānga Hṛdya Sūtra 18/36-38, Caraka Kalp 12/75, 79)

3. *Observations and Deciding Virecana Vegās*

After administration of Virecana Drug to the patient he/she starts passing stools in due course of time. The first three Vegās must not be counted. As already stated in Vamana Therapy, the signs and symptons of Pradhāna (Maximum), Madhayama (Medium) and Avara (Minimum) Veigiki, Māṇiki, Āntiki and Laingiki Śuddhi should be recorded, as shown below-

Assessing Success of Virecana Karma On the basis of Clinical Manifestations —

S.N.	*Parameters*	*Good*	*Medium*	*Mild*
1.	No. of Bouts (Vegiki)	15–30	10–15	5–10
2.	Quantity of Faeces in litres (Māṇiki)	1.5–2	1–1.5	0.5–1.0
3.	Order of Contents	Kapha/Mucin in the end	Kapha	Kapha
4.	Symptons (Laingiki)	Signs and Sympotns as per texual Description.		

(Caraka Siddhi 1/18, Suśruta Cikitsā 33/14, Aṣṭānga Hṛdya Sūtra 18/38, 39)

4. *Features of Samayoga, Atiyoga and Ayoga (Adequate, Inadequate and Excessive) Virecana Therapy–*

(A) Features of Samyaka (Adequate Virecana)

1. Cleansing of micro channels (Sroto Viśudhi)

2. Improved activities of Sensory Organs (Indriya Prasāda)
3. Lightness in the body (Laghutā)
4. Improved Appetite (Agnivṛdhi)
5. Digestion of Āmadoṣa (Anāmyatwa)
6. Sequential elimination of stool, Pitta, Kapha and Vāta Doṣa
7. Passage of flatus (Vātānulomana)
8. Inadequate Virecana (Absence of Symptoms of Ayoga)

(Carka Siddhi 1/17, Suśruta Cikitsā 33/25, Aṣṭānga Hṛdya Sūtra 18/39)

(B) Features of Ayoga (Inadequate) Virecana

1. Vitiation of Kapha Doṣa (Kapha Prakopa)
2. Vitiation of Pitta Doṣa (Pitta Prakopa)
3. Vitiation of Vāta Doṣa (Vata Prakopa)
4. Dyspepsia (Agnimāndya)
5. Heaviness in the body (Gaurawa)
6. Rhinitis (Pratiśyāya)
7. Drowsiness (Tandrā)
8. Vomiting (Chardi)
9. Anorexia (Aruci)
10. Reverse Peristalsis (Vāta Pratilomana)
11. Burning in the body (Dāha)
12. Heaviness in Cardiac region (Hṛdya Aśudhi)
13. Heaviness in Abdomen (Kukṣi Aśudhi)
14. Itching (Kandu)
15. Constipation (Viṭṭasanga)

16. Obstruction of Urination (Mutrasanga)
17. Rashes (Pidikā)

(Caraka Siddhi 1/18, Suśruta Cikitsā 33/24, Aṣtanga Hṛdya Sūtra 18/36-39)

(C) Features of Atiyoga (Excess) Virecana

1. Disorders due to depletion of Kapha Doṣa (Kapha Kṣayaja Vikāra)
2. Disorders due to depletion of Pitta Doṣa (Pitta Kṣayaja Vikāra)
3. Disorders due to depletion of Vāta Doṣa (Vāta Kṣayaja Vikāra)
4. Numbness (Suptī)
5. Malaise (Angamarda)
6. Exhaustion (Klama)
7. Tremors (Vepathu)
8. Drowsiness (Nidrā)
9. Weakness (Daurbalya)
10. Black outs (Tamahapraveśa)
11. Mania (Unmāda)
12. Hiccough (Hikkā)
13. Syncope / Fainting (Murchā)
14. Prolapse of Rectum (Gudabhranśa)
15. Pain Abdomen (Śūla)
16. Serous Discharge through Anus (Śaveta Udaka Nissāraṇa)
17. Blood mixed Serious Discharge through Anus (Lohita Udaka Nissāraṇa)

18. Discharge through Anus Containing fleshy fibers (Mānsa Dhovana Vata Udaka Śrāva)
19. Discharge through Anus Containing fatty Streaks (Medokhandawata Srāva)
20. Thirst (Triṣṇā)
21. Vertigo (Bhrama)
22. Sunken Eyes (Netra Praveśnama)
23. Complications due to excesive Emesis (Ati Vamana Vayāpada ki Utapatti)
24. Disorders due to dificiency of Blood (Rakta Kṣayaja Vikāra)

(Caṛaka Siddhi 1/19, Suśruta Cikitsā 33/24, Aṣtanga Hṛdya Sūtra 18/40-42)

(5) Virecana Vyāpads (Complications) and their Treatment

(A) *According to Caraka*

1. Distension of Abdomen (Ādhamāna)
2. Cutting Pain (Parikarti)
3. Excessive Discharge (Parisrāva)
4. Cardiac Spasm (Hṛdagraha)
5. Spasm of different body parts (Gātra Graha / Anga Graha)
6. Haemorrhage (Jīvādāna)
7. Prolapse of Rectum (Vibhramṣa)
8. Stiffness in Body (Stambha)
9. Serious Complications (Upadrava)
10. Exhaustion (Klama)

These complications are common to Vamana Therapy also. (Caraka Sidhi 6/10, 29, 30)

(*B*) *According to Suśruta*

1. Emetic Drug producing Virecana (Purgation)
2. Purgative Drug producing Vamana (Emesis)
3. Retained Medicine (Sāvaśeṣa Auṣadhi)
4. Digested Medicine (Jīrnāuṣdhatwa)
5. Less Removal of Doṣās from the body (Hīna doṣa aphritavama)
6. Pain of Vātika nature (Vāta Śūla)
7. Inadequate Vamana / Virecana (Ayoga)
8. Features of Excessive Vamana / Virecana (Atiyoga)
9. Haemorrhages (Jīvādāna)
10. Distension of Abdomen (Ādhamāna)
11. Cutting pain in Anus (Parikartikā)
12. Excessive discharge through Rectum (Parisrāva)
13. Dysentry (Pravāhikā)
14. Movements towards the Heart (Hṛdyopasarana)
15. Constipation (Vibandha)

(Suśruta Cikitsā 34/ 20, 21)

Management of Virecana Vyāpada (Complications of Virecana)

It is quite obvious from the above list that the complications during Virecana Therapy are of very minor nature and easily manageable and related to the over / under dosage of the Virecana drug. These complications should be managed symptomatically.

Following medicine are of great use in managing complications of Vamana or Virecana. These should be used judiciously —

1. Sūtaśekhara Rasa
2. Suvarṇa Sūtaśekhara Rasa
3. Śankha Bhasma
4. Candra Kalā Rasa
5. Pravāla Piṣti
6. Śankha Bati
7. Śivā Kṣāra Pācana Cūrna
8. Kutaja Ghana Bati
9. Sanjivani Vati
10. Naga Keṣara Cūrṇa
11. Lodhra Cūrṇa
12. Indra yava Cūrṇa
13. Jātiphalādi Cūrṇa
14. Moca Rasa
15. Uśīra Cūrṇa
16. Candana Cūrṇa
17. Abhayāriṣta
18. Kutajāriṣta
19. Candnāsava
20. Uśīrāsāva
21. Daṣamūlāriṣta
22. Drakṣāsava
23. Phalavartī
24. Picchā Vasti
25. Tīkṣaṇa Vāmaka Yoga – Madana Phala Yoga
26. Sugandhi Dravya
27. Pañca Guṇa Taila

28. Dhānawantara Taila

29. Candana Balā Lākṣādi Taila

30. Saindhawādi Taila

31. Jātyādi Taila

32. Kataphala Curṇa Nasya

33. Vaśpa Sveda etc.

(3) Pascāta Karma of Virecana Therapy (Post Operative Procedure)

The period of passing of Virecana Vegās (Urges) to the state of returning to the normal diet to the patient falls under Pascāta Karma. The Pascāta Karma of Virecana is exactly similar to Pascāta Karma of Vamana but with a slight difference. After emesis therapy Dhūmapāna must be instituted but this is not to be done after Virecana Karma (Purgation Therapy). (Aṣṭānga Hṛdya Sūtra 18/42, 43)

1. Sansarjana Krama

The impaired Koṣthāgni should be stimulated by giving light diet (Laghu Bhojana) and latter on normal diet should be recommended to the patient. The normal diet must be restored with in 5-7 days.

2. Tarpaṇa and Śamanoṣadhi

In following conditions Tarpaṇa Yuṣa is indicated unlike Peyādi Sansarjana Krama in other conditions —

(a) Alpa Śodhita Patient

(b) Kapha Pitta dominant Patient

(c) Residual Vitiated Doṣās

(d) Alcoholics

3. Regime after Virecana Karma (Parihārya Viṣaya)

The do's and don'ts that are mentioned under Vamana therapy are also to be followed after Virecana Therapy strictly.

4. *Method of Treatment to be followed after Purgation Therapy* (Virecanottara Śodhana, of the Patient)

When there is no necessity to adopt Śodhana Therapy (Eliminatory Procedures) after Virecana Karma, Palliative medicines (Śamana Auṣadi) should be started from 7th day onwards. If Anuvāsana Vasti is to be given to the patient, it should be given before 9th day and Niruha Vasti should be administered after that day. Suśruta has recommended to administer Virecana Therapy after 15th day of Emesis Therapy and Niruha Vasti is to be given after 7th day. But Dalhaṇa is of the opinion that after 7th day, i.e. either on 8th or 9th day Vasti (Enema) may be administered. If it is given early, it will cause Vitiation of Vāta Doṣa leading to various complications in the body.

(Caraka Siddhi 1/26, Suśruta Cikitsā 36/51)

The Mode of Action of Virecana Drugs (Purgatives)

Virecana Karma is indicated for Pitta and Kaphaja disorders for eliminating Pitta Doṣa and Kapha Doṣa from the body. It is also indicated in Raktaja disorders, Mānsagata Vikāra, Medogata Vikāra, Sandhigata, Majjā Gata and Śukra Vikārās. It is equally useful in Yoni Doṣa, Svapna Doṣa and various Mānasa Rogās.

Properties and actions of Virecana Drugs

Virecana Drugs eliminate the Doṣās from the body, eradicate the diseases and restore normal strength and complexion of the body. If it is adopted and practised properly, it prolongs the longevity of the individuals.

(Caraka Sūtra 15/22)

Virecana performs following actions in the body—

1. Clears the confusion & improves intellect.
2. Enhances the actions of sensory organs.
3. It increases the Koṣthāgni.

4. Prevents ageing (Untimely Ageing is delayed).
5. Cures various Paittika Disorders.

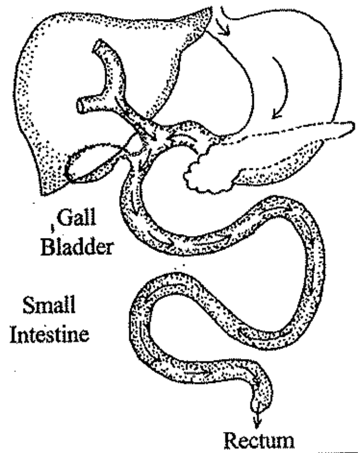
(Suśruta Cikitsā 33/27, 28)

Virecana Dravyās have follwing Properties

1. Uṣṇa
2. Tīkṣaṇa
3. Sūkṣama
4. Vayavāyi
5. Vikāsi

The mode of action of Emetics as well as Purgatives is almost the same because they have more or less the same properties.

The main action of Virecana Dravyās is on Adhobhāga of the individual. The Vitiated Pitta Doṣa present in entire body is alleviated and expelled out through the mechanism of Virecana and the disease process is arrested. The Virecana drug spreads throughout the body of cellular level due to its pharmacological properties. The Uṣṇa and Tīkṣaṇa properties of Virecana Drugs produce chedana of the Doṣās which are already softened due to oleation Therapy. Thus liquified Doṣās are dragged towards the Koṣtha. Due to dominance of Prithavi and Jala Mahābhūtās in the Virecana drugs and their potent "Adhobhāga hara Prabhāva", the vitiated Doṣās are made to pass through anal route (Guda) and are expelled out of the body. The Vāmaka and Virecana Drugs induce Emesis and Purgation respectively due to their specific 'Prabhāva'. For example Danti and Citraka have same Rasa and Vīrya, but Danti on administration internally produces Virecana karma, but Citraka does not produce Virecana. This is called selective action of the drug i.e. 'Prabhāva'. When there is similarity in two drugs in relation to their taste (Rasa) and potency (Vipāka and Vīrya), their pharmacological actions may be different due to 'Prabhāva' of these drugs.



Diagramatic Representation of the Process of Virecana Karma (Purgation)

Modern Concepts of Virecana (Purgation)

The process of Virecana karma is regulated and controlled by a special centre situated near medulla oblongata in the brain. This centre is close to Respiratory and Vomitting centres. The Virecana drugs stimulate the Virecana (Purgation) Centre and indirectly the Vomitting centre is relaxed. Sacral plexus (Situated in the sacral region) of the spinal cord also helps in controlling and regulating the act of Purgation. The act of purgation is also controlled and regulated by local reflex actions of the cocerned body parts. During the act of defaecation the Respiration is arrested momentarily, Diaphragm is activated and it presses Transeverse Colon. Simultaneously the accessory muscles of the abdomen are also activated and they also help in propelling the faecal matter towards anus along with the diaphragm. The faecal matter after reaching in the intestine stimulates local nerve plexuses and then the enforced peristalsis further helps in expelling contents of intestines towards Rectum and finally to anal canal. When the voluantary or involuantary act of defaecation starts, the ultimate result is evacuation of bowels.

Purgative Drugs are mainly of three types—

1. Bulk Purgatives
2. Lubricant Purgatives
3. Inritant Purgatives

1. Bulk Purgatives

These drugs increase the total bulk (Contents) of the faecal matter & then help in evacuation of Bowels reflexly. Examples– High Fiber Diet, High Cellulose Diet, Isabagole, Yava, Magnesiun Sulplate and Sodium Sulphate. Ācārya Caraka has described 'Yava' to be heavy and bulk forming Dravya. It is dry and absorbs water and leads to 'Śoṣana' (depletion) of body fat.

(Caraka Sūtra 37/19)

2. Lubricant Purgatives

These drugs lubricate intestines and faecal matter and thus help in evacuation of bowels, e.g. Liquid Paraffn and Castor oil (Eranda Taila).

3. Irritant Purgatives

These drugs irritate / stimulate the nerves of intestines, Purgation centre and by stimulating the act of peristalsis, these drugs help in evacuation of Bowels. Examples – Purgatives containing Mercury, Sulphur, Phenolphthalein and Hydrogogue Purgatives. Danti Bīja is also a common example of this group.

Some scholars correlate modern purgatives with Āyurvedic Virecana Drugs like–

1. Laxatives	—	Anulomana or Sara
2. Purgatives	—	Sranśana
3. Drastic Purgatives	—	Bhedana
4. Hydrogogue Purgatives	—	Virecana
5. Cholagogue Purgatives	—	Pitta Virecana

Chapter 7

Vasti Karma (Bio-purificatory Therapeutic Enemata)

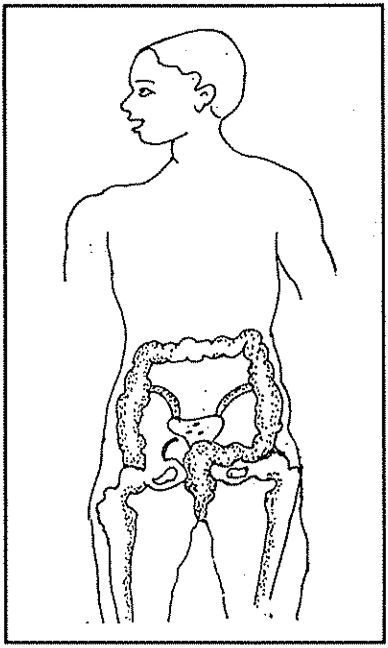
Vasti is a therapeutic procedure designed to produce biopurificatory speciality of Vāta Doṣa through ano-rectum. Vasti is the most important procedure of Sanśodhana therapy. Vasti is very significant procedure of Pañcakarma Therapy. The term "Vasti" is derived from the fact that the Vasti Yantra or the apparatus used for introducing the medicated material in the body is made up of Vasti or animal urinary bladder.

Most of ancient scholars have used the word "Vasti" for all those drugs or medicaments which are introduced through the rectum with the help of Vasti (Vasti Yantra made up of animal urinary bladder) are termed as Vasti. (Suśruta Cikitsā 35/14-16, Aṣtānga Hṛdaya Sūtra 19/11, Śarangadhara Uttara Khanda 5/1).

Caraka has used the term Vasti for Niruha Vasti (Caraka Siddhi 7/1). The procedure of introducing the Auṣadhi Siddha Kwātha, such as Kṣīra (milk), Māṁsa Rasa (meat soup) etc. to the Pakavāśaya through the Gudā is called Vasti. Suśruta has mentioned the procedure of giving Vasti to Vṛanās (wounds or ulcers), (Suśruta Cikitsā 35/1).

Generally a Vasti is administered through Rectum, though it may be applied through other routes also. Administration of Vasti (Enema) through vaginal/urethral routes is referred to as Uttara Vasti.

Among five procedures of śodhana therapy (Pañca Karma), Vasti is considered as the most useful therapeutic procedure. Vasti is a procedure in which medicated oils, decoctions and



VĀTA Dominant Areas in the Body

decoctions with paste of herbs or oils are introduced into the large intestines through rectum with the help of an Enema Apparatus (Vasti).

The diseases pertaining to limbs, bowels, vital parts and various localised parts have Vāta Doṣa as a main causative factor in their production. Vāyu is responsible for micturition, evacuation of stools and movements of the other channels and the Adhiṣthāna (main seat) of Vāyu is Pakvāṣaya (large intestine). There is no remedy other than Vasti for pacification of Vāta Doṣa.

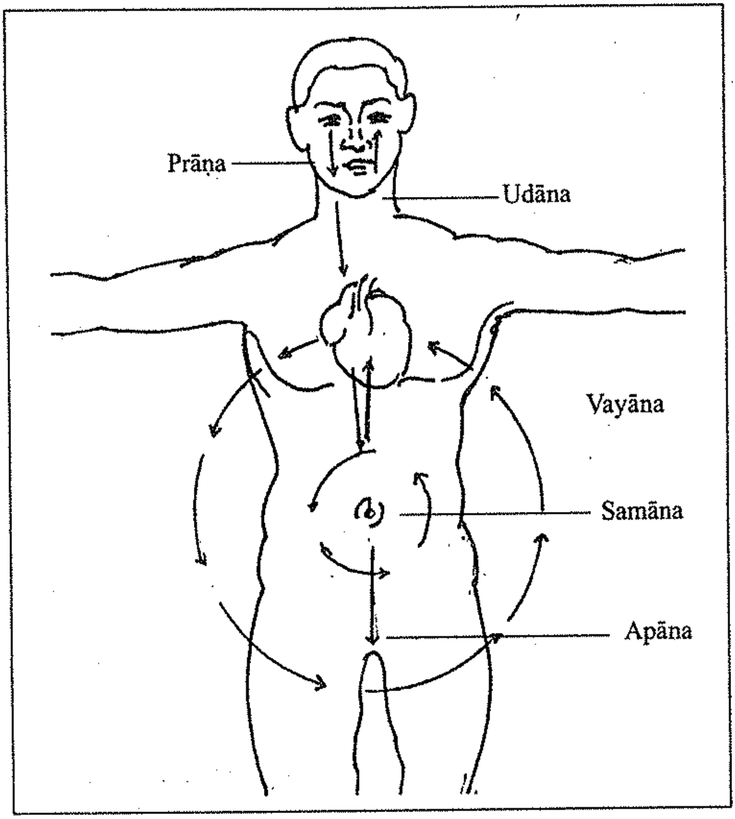
Vasti therapy is the best procedure of Śodhana Therapy as compared to Snehana, Svedana, Vamana or Virecana Karma etc. Vasti has very extensive area to show its clinical efficacy unlike other Śodhana Karmās (Suśruta Cikitsā 35/1). Vasti is not Enema as described in modern medicine. Objectives and

therapeutic potential of Enema is very much limited in comparision to Vasti therapy. Enema may be considered to be a type of Vasti. Vasti has much more elements than Enema only. Enema is mainly indicated for evacuation of bowels. But owing to the use of different combinations of many drugs, Vasti produces Śodhana of Doṣās, Saṁśamana of the diseases, Mala Sangrahana, increases Śukra in Śukra Kṣīṇa patients, and if the patient is Sthūla (obese), he will become Kṛṣa (weak) and vice versa after administration of Vasti therapy. Vasti increases the strength of the persons in whom it is advocated, maintains health and longevity. The effect of Vasti is comprehensive. Vasti is the best Cikitsā for Vāta Doṣa, so also for Pitta, Kapha, Rakta (blood) in Saṅsarga and Sannipāta Doṣās. Thus Vasti produces extensive benefits to each and every part of the body. (Suśruta Cikitsā 35/1,2,3). Since the Vasti has the capacity to eradicate most of diseases occuring in Śākhā, Koṣtha and Marma Sthāna, Vasti is referred to as "half of the whole treatment" and sometimes a 'complete treatment' (Caraka Siddhi 1/40,41).

Classification of Vasti

Vasti can be classified in different groups on the basis of different principles as described below –

1. *Adhiṣthāna Bheda* (Anatomical classification)
   1. Rectal (Pakawāśayagata)
   2. Uterine (Garbhāśayagata)
   3. Urethrovesical (Mūtrāśayagata)
   4. Wound/Abscess (Vṛanagata)
2. *Dravya Bheda* (Pharmaceutical Classification) (Suśruta Cikitsā 35/18,19)
   1. *Niruha Vasti* (Kaṣāya – Decoction based)
   2. *Anuvāsana Vasti* (Sneha – Oil based)
      (a) Sneha Vasti – 300 ml.



5 Types of VĀTA Doṣa with Functions

(b) Anuvāsana Vasti – 150 ml.

(c) Mātrā Vasti – 75 ml.

3. *Kārmukta Adhāra* (Pharmacological Classification)

(1) *According to Suśruta* (Suśruta Cikitsā 35/20)

(a) Śodhana Vasti

(b) Lekhana Vasti

(c) Snehana Vasti

(d) Bṛhamaṇa Vasti

(e) Grāhi Vasti

(f) Śukra Vridhi Kṛtta Vasti

(2) *According to Vāgabhaṭṭa* (Aṣṭānga Hṛdaya Sūtra 19/61)

(a) Utkaleṣana Vasti

(b) Doṣahara Vasti

(c) Śamana Vasti

(3) *According to Śārangadhara*

(a) Utkleṣana Vasti

(b) Doṣa Hara Vasti

(c) Śodhana Vasti

(d) Śamana Vasti

(e) Lekhana Vasti

(f) Brihamaṇa Vasti

(g) Piccila Vasti

(h) Dīpana Vasti

(4) *According to Caraka* (Caraka Siddhi 8)

(a) Vātaghna Vasti

(b) Bala Varṇa Kṛtta Vasti

(c) Snehanīya Vasti

(d) Śūkra Kṛtta Vasti

(e) Kṛmighana Vasti

(f) Vriṣatva Kṛtta Vasti

4. *According to number of Vasti* to be used (Caraka Siddhi 1/47, 48)
On the basis of the number of Vasti administration in a sequence, the following terms are applied–

(1) *Karma Vasti*
A total of 30 Vastis are administered to the patient.

(2) *Kāla Vasti*
A total of 16 Vastis are administered to the patient.

(3) *Yoga Vasti*
A total of 8 Vastis are administered to the patient.

5. *Anuṣāngika Vastis* (Classification According to Nomenclature)

    1. Yāpnā Vasti (Caraka Siddhi 12/15)
    2. Siddha Vasti (Caraka Siddhi 10/13)
    3. Prāsrita Yogiki Vasti (Caraka Siddhi 8/2)
    4. Dvādaśa Prāsrita Vasti (Suśruta Cikitsā 37/39)
    5. Pādahīna Vasti (Suśruta Cikitsā 38/118)
    6. Tīkṣṇa Vasti (Suśruta Cikitsā 35/10)
    7. Mṛdu Vasti (Suśruta Cikitsā 35/10)
    8. Picchā Vasti (Caraka Siddhi 19/64-68)
    9. Rakta Vasti (Caraka Siddhi 8/26, Caraka Siddhi 6/83)

Basically the Vasti is of two types –

1. *Anuvāsana Vasti* – It predominantly consists of oleus substances.
2. *Niruha Vasti* – It mainly consists of Kaṣayāṣ or decoctions of drugs indicated.

In most of the occasions, a combination of both these types of Vastis is given except for fewer specific indications where single or continued use of one or the other type of these two Vastis is indicated.

1. Adhiṣthāna Bheda (Anatomical) classification of Vasti

According to Adhiṣthāna (place of administration) Vasti is of 4 types –

(1) Pakavāśaya gata Vasti – (Rectal Vasti)

It is given through Gudā (Anus) and its Adhiṣthāna is Pakwāṣaya (large intestine).

(2). Garbhāśaya gata Vasti – (Uterine Vasti)

It is administered into the Garbhāśaya (Uterus) through vagina.

(3) Mūtrāśaya gata Vasti (Uretherovesical Vasti)

It is given either through Yoni (Vagina) or Medhra (Penis) or Mūtrāṣaya (Urinary Bladder).

(4) Vṛanagata Vasti (wound / abscess)

Through the Vṛana Mūkha, Śodhana and Ropana Vastis are given.

2. Dravya Bheda (Pharmaceutical) classification of Vasti

The Dravya that is used in Vasti is either Kwātha or Sneha. Accordingly vasti is of 2 types –

(1) *Niruha Vasti or Āsthāpana Vasti*

When Vasti Dravya contains decoction (Kaṣāya) in a larger quantity then it is called as Niruha or Āsthāpana Vasti. It removes the Doṣās from the body and it is Vayasthāpaka or Āyusthāpaka, hence it is called Āsthāpana Vasti (Suśruta Cikitsā 35/18).

Madhu Tailika Vasti, Yāpnā Vasti, Sidha Vasti and Yuktaratha Vasti are the synonyms of Niruha Vasti (Suśruta Cikitsā 35/18).

* In Madhu Tailika Vasti, Madhu (Honey) and Taila (Oil) are the chief ingredients, hence the name.

* Horse riders, scooterists or even aeroplane passangers can be given Vasti, which is called as Yukataratha Vasti.

* The Vasti which strengthens the body, improves complexion of the skin and eradicates hundreds of diseases is termed as Siddha Vasti (Suśruta Cikitsā 38/114-116)

* Vasti which can be given at any time and induces Ayusthāpna, is termed as Yāpnā Vasti (Caraka Sidhi 12/15).

(2) *Anuvāsana Vasti*

Sneha Dravya (oil) is the main ingredient in Anuvāsana Vasti. The dose of Niruha Vasti according to the age of the patient is recommended 1/4th of it in Anuvāsana Vasti in the form of Sneha. (Aṣṭānga Hṛdaya Sūtra 19/1, Suśruta Cikitsā 35/18). Suśruta has termed it "Snehika Vasti" (Suśruta Cikitsā 35/18). Anuvāsana Vasti is a type of Sneha Vasti. Anuvāsana Vasti can be administered daily without producing any complications in the body (Suśruta Cikitsā 35/18). Sneha Vasti is of three types, depending upon the quantity of Sneha used–

(a) Sneha Vasti (300 ml.)

1/4th of the Sneha of total dose of Niruha Vasti is used. (Caraka Siddhi 4/54)

(b) Anuvāsana Vasti (150 ml.)

When the Sneha used in Anuvāsana Vasti is half the dose of Sneha used in Sneha Vasti, it is termed as Anuvāsana Vasti.

(c) Mātrā Vasti (75 ml.)

The dose of Sneha in Mātravasti is the Hṛsava Mātrā of Sneha during Snehana Therapy (Which is digested in 6 hrs.) (Caraka Sidhi 4/53). Suśruta has considered it as a type of Anuvāsana Vasti & instructed the dose of Sneha in Mātrā Vasti is 1/2 of the Sneha Dravya used in Anuvāsana Vasti. (Suśruta Cikitsā 35/18).

3. **Kārmukta Adhāra** – Classification of Vasti according to their Pharmacological actions.

(1) *According to Suśruta*

(a) *Śodhana Vasti* – This Vasti removes the vitiated Doṣās and Malās from the body, as it contains Śodhana Dravyās.

(b) *Lekhana Vasti* – It reduces Medo Dhātu and produces Lekhana in the body.

(c) *Snehana Vasti* – It contains more of Sneha and produces Snehana in the body.

(d) Brihmaṇa Vasti – It increases the Rasādi Dhātus in the body leading to its Brihamaṇa.

(2) *According to Vāgabhaṭṭa*

(a) *Utkleṣaṇa Vasti* – It increases Vitiated Doṣās and Malās in the body & causes their Utkleṣaṇa by liquifying them.

(b) *Doṣahara Vasti* – It is a type of Śodhana Niruha Vasti.

(c) *Śamana Vasti* – It produces alleviation (Śamana) of vitiated Doṣās.

4. Classification of Vasti according to Vasti Sankhyā

(Classification of Vasti according to its Number)

Caraka and Vāgabhatta have classified Vasti into three types according to the number of Vastis to be administered (Caraka Sidhi 1/47, 48, Aṣṭānga Hṛdaya Sūtra 19/64)

(1) *Karma Vasti* – Total 30 Vastis are to be given as shown below. First one Snehana Vasti, then one Niruha & one Anuvāsana Vasti (alternately) – 24 Vastis, last 5 Anuvāsna Vasti. Total 30 Vastis, 12 Niruha and 18 Anuvāsna Vasti are to be administered–

Schedule of Karma Vasti (18 Anuvāsna, 12 Niruha=30)

1	2	3	4	5	6
A	N	A	N	A	N
7	8	9	10	11	12
A	N	A	N	A	N
13	14	15	16	17	18
A	N	A	N	A	N
19	20	21	22	23	24
A	N	A	N	A	N
25	26	27	28	29	30
A	A	A	A	A	A

A = Anuvāsana Vasti
N = Niruha Vasti

(2) *Kāla Vasti* – Total 16 Vastis are to be given as shown below. First Vasti is Anuvāsana, then one Niruha and one Anuvāsana Vasti (alternately) – 12, last 3 Anuvāsana Vasti. Total 16 vastis, 6 Niruha Vasti and 10 Anuvāsana Vasti are to be administered.

Schedule of Kāla Vasti (10 Anuvāsna, 6 Niruha=16)

1	2	3	4
A	N	A	N
5	6	7	8
A	N	A	N
9	10	11	12
A	N	A	N
13	14	15	16
A	A	A	A

A = Anuvāsana Vasti
N = Niruha Vasti

(3) *Yoga Vasti* – Total 8 Vastis are to be given. First Vasti is Anuvāsana, then one Niruha & one Anuvāsana (alternately) – 6, last one is Anuvāsana Vasti.

Schedule of Yoga Vasti (5 Anuvāsna, 3 Niruha=8)

1	2	3	4
A	N	A	N
5	6	7	8
A	N	A	A

A = Anuvāsana Vasti
N = Niruha Vasti

5. ***Anuṣangika Vastis***
(Classification of Vasti according to their Nomenclature)

Several Vastis are described in various Āyurvedic texts with specific names. Their brief description is given below –

(1) Yāpnā Vasti
It improves Bala (strength), Śukra (semen) and Mānsa Dhātu (muscle/tissues). This Vasti is mostly used in treating various complications produced by excessive coitus. It can be given during all the seasons of the year. It increases life span. Flesh of the chicken and eggs should be added to Kawātha (Decoction), Kṣīra (milk), Madhu (Honey), Ghṛta (Ghee), Guda (Jaggery) and Mānsa Rasa (Meat Soup) to make Vasti Dravya. Caraka has described 26 types of such Vastis. (Caraka Siddhi 12/15).

(2) Siddha Vasti
Vasti given for eradication of a specific disease is termed as Siddha Vasti. (Caraka Sidhi 10/3).

(3) Prāsrita Yogikī Vasti
This Vasti is given according to the age in specific dose. Eight tolās is the dose of the Vasti Dravya to be administered and that is why the name (Prāsriti = Appx. 8 Tolās). Kṣīra, Vasā, Taila, Prasannādi Vasti, Patolādi Vasti and Vidangādi Vasti are described in Caraka. (Caraka Sidhi 8/2).

(4) Dvādaṣa Prāsritika Vasti
When the total dose of Vasti dravya is 12 Prāsrita (96

Tolās). Madhu Tailika Vasti is the example of it. According to Suśruta it's dose is as follows –

1.	Saindhava (Rock Salt)	–	1 karṣa
2.	Sneha (Oily Substance)	–	3 Prāsriti
3.	Madhu (Honey)	–	2 Prāsriti
4.	Kalka (Paste)	–	1 Prāsriti
5.	Kwātha (Decoction)	–	4 Prāsriti
6.	Prakṣepa Dravya	–	2 Prāsriti

(Suśruta Cikitsā 37/39).

(5) *Pāda Hīna Vasti*

It is 9 Prāsriti Vasti consisting of Madhu and Taila (4 Prāsriti and 2 karṣa), Eranda Mūla kwātha (4 Prāsriti) Śatapuṣpā (1/2 Pala), Saindhava Salt (1 Karṣa) and Madanaphala – one in number.

(6) *Tīkṣaṇa Vasti*

Tīkṣaṇa Auṣadhās like Kṣāra (Alkali), Mūtra (Urine) are used. This is a Śodhana Vasti. In case a Vasti which is administered and does not come out, then Tīkṣaṇa Vasti are to be administered.

(Suśruta Cikitsā 35/10).

(7) *Mṛdu Vasti*

This Vasti can be given to children and old aged persons. Madhura Skanda Auṣadhi with milk and meat soup are given (Suśruta Cikitsā 35/10).

(8) *Picchā Vasti*

It is given with a drug called as Śālmali Niryāsa. It produces Stambhana (Stoppage) of Picchāsrāva and jīvaśoṇita (blood). It is also called Sangrāhi Vasti (Astringent Enema) (Caraka Siddhi 19/64-68).

(9) *Rakta Vasti*

When ever there is acute loos of blood from the body,

Rakta Vastis are given to compensate loss of blood. These help in early production of blood in the body. Fresh blood of Goat & other animals can be administered through Rectum.

(Charaka Siddhi 8/26, 83)

Indications of Āsthāpana Vasti

1. Systemic Diseases (Sarvāṅga Roga)
2. Localised Disease (Ekānga Roga)
3. Abdominal Disease (Kukṣi Roga)
4. Retention of Flatus (Vātasanga)
5. Retention of Urine (Mutrasanga)
6. Retention of Stools (Malasanga)
7. Retention of Semen (Śukrasanga)
8. Loss of Strength (Balakṣaya)
9. Muscle Atrophy (Mānsa Kṣaya)
10. Deficiency of Doṣa (Doṣa Kṣaya)
11. Semen Loss (Śukra Kṣaya)
12. Distention of Abdomen (Ādhamānā)
13. Numbness (Angasupti)
14. Helminthiasis (Kṛmikoṣtha)
15. Reverse Peristalsis (Udāvārta)
16. Diarrhoea (Śudha Atisāra)
17. Chest/Joints Pain (Parva Bheda)
18. Pyrexia (Abhitāpa)
19. Splenic Disorders (Plīha Doṣa)
20. Abdominal Swelling (Gulma)
21. Pain (Śūla)
22. Cardiac Disorders (Hṛdroga)

23. Fistula in Ano (Bhagandara)
24. Psychosis (Unamāda)
25. Fever (Jwara)
26. Scrotoinguinal Swelling (Braghna)
27. Headache (Śiraha Śūla)
28. Earache (Karṇa Śūla)
29. Cardiac Pain (Hṛdya Śūla)
30. Chest Pain (Parśava Śūla)
31. Backache (Priṣtha Śūla)
32. Lumbago (Kati Śūla)
33. Tremors (Kampa)
34. Convulsions (Ākṣepa)
35. Heaviness in the body (Anga Gaurawa)
36. Lightness in the body (Atilāghawā)
37. Tuberculosis (Rājyakṣamā)
38. Disturbed Digestion (Viṣamāgni)
39. Pain in Gluteal Region (Sphiga Śūla)
40. Pain in Knee Joint (Jānuśūla)
41. Painful leg (Janghā Śūla)
42. Chest Pain (Uru Śūla)
43. Painful Ankle (Gulpha Śūla)
44. Chest Pain (Parśwa Śūla)
45. Pain in limbs (Prapāda Śūla)
46. Uterine Pain (Yoni Śūla)
47. Painful Arms (Bāhu Śūla)
48. Painful Fingers (Anguli Śūla)

49. Pain in Breast (Stana Śūla)
50. Pain in Nails (Nakha Śūla)
51. Chest Pain, Pain in Bones (Pārśwa Asthi Śūla)
52. Toothache (Danta Śūla)
53. Oedema (Śopha)
54. Stiffness (Stambha)
55. Gurgling Intestines (Āntra Kūjana)
56. Cutting Pain (Parikartikā)
57. Neurological Diseases (Vāta Vyādhi)
58. Fever (Jwara)
59. Cataract (Timira)
60. Corrhyza (Pratiṣayāya)
61. Glaucoma (Adhimantha)
62. Facial Paralysis (Ardita)
63. Paralysis (Pakṣāghāta)
64. Lithiasis (Aśmari)
65. Venereal Disease (Upadanśa)
66. Gout (Vāta Rakta)
67. Piles (Arṣa)
68. Loss of Lactation (Stanya Kṣaya)
69. Neck Rigidity (Manyā graha)
70. Lock Jaw (Hanugraha)
71. Still Birth (Mūḍha Garbha)
72. Dysuria (Mūtra Kṛccha)

(Caraka Siddhi 2/16, Suśruta Cikitsā 35/5, Aṣṭāṅga Hṛdya Sūtra 19/23)

Contraindications of Āsthāpana Vasti

1. Indigestion (Ajīrṇa)
2. Excess of Oleation (Atisneha)
3. Having drunk Ghee (Pīta Sneha)
4. Aggravated Doṣās (Utkliṣta Doṣās)
5. Poor Digestion (Alpāgni)
6. Tired (Yāna Klānta)
7. Too Weak (Atidurbala)
8. Hungry (Kṣudhārta)
9. Thirsty (Triṣārta)
10. Exhausted due to work (Shramārta)
11. Too much Emaciated (Atikriṣa)
12. One who has taken meals (Bhuktabhakta)
13. Having Drunk Water (Pitodaka)
14. Having Vomitted (Vāmita)
15. Having Purged (Virikta)
16. Having Snuffed (Kṛta Nasya Karma)
17. Angry (Kruddha)
18. Frightened (Bhīta)
19. Intoxicated (Matta)
20. Fainted (Mūrchita)
21. Weakened due to vomiting (Chardi Prasakta)
22. Weakened due to spitting (Niṣathīwa Prasakta)
23. Dyspnoeic (Śawāsa Prasakta)
24. Cough (Kāsa Prasakta)

25. Hiccough (Hikkā Prasakta)
26. Intestinal Obstruction (Baddha Gudodara)
27. Perforation (Chidrodara)
28. Ascites (Dakodara)
29. Flatulance (Ādhmāna)
30. Intestinal obstruction (Alasaka)
31. Cholera (Visūcika)
32. Indigestion Toxicity (Āma Doṣa)
33. Dysentry (Āmātisāra)
34. Urinary Disorders (Prameha)
35. Leprosy, Skin Diseases (Kuṣtha)
36. Piles (Arṣa)
37. Anaemia (Pāndu)
38. Vertigo, Confusion (Bhrama)
39. Anorexia (Arocaka)
40. Psychosis (Unamāda)
41. Aggrieved (Śoka grasta)
42. Obesity (Sthoulya)
43. Dryness of throat (Kantha Śoṣa)
44. Chest Injury (Kṣata Kṣīna)
45. 7th month Pregnant Lady (Saptamāsa Garbhini)
46. Children, Elderly (Bāla, Vṛdha)
47. Anal Inflammation (Gudaśotha)
48. Constipated (Alpa Varca)
49. Prominent Āmāvasthā, Induction of premature Delivery (Āma Prajātā)

50. Oedema (Śopha)

(Caraka Siddhi 2/14, Suśrutā Cikitsā 35/21, Aṣṭānga Hṛdya Sūtra 19/4-6).

Indications of Anuvāsana Vasti

Following are the indications for Anuvāsana Vasti in addition to those which are already mentioned under the indications for Āsthāpana Vasti –

1. Very Dry Body (Viśeṣa Rukṣa)
2. Voracious Appetite (Tīkṣaṇāgni)
3. Neuro – Muscular Disorders (Vāta Vyādhi)

(Caraka Siddhi 2/19, Suśruta Cikitsā 35/2 2, Aṣṭāṅga Hṛdaya Sūtra 19/7,8)

Contraindications of Anuvāsana Vasti

1. Where Āsthāpana is contraindicated (Anāsthāpya)
2. Not taken meals (Abhukta Bhakta)
3. Acute Fevers (Nava Jwara)
4. Anaemia (Pāndu)
5. Jaundice (Kāmlā)
6. Urinary Syndromes, Diabetese (Prameha)
7. Piles (Arṣa)
8. Corrhyza (Pratiśayāya)
9. Anorexia (Arocaka)
10. Indigestion (Mandāgni)
11. Weak (Durbala)
12. Splenomegaly (Plīhodara)
13. Udara Roga due to Kapha Doṣa (Kaphodara)

14. Stiffness of Thighs (Urustambha)
15. Diarrhoea (Atisāra)
16. Poisoning (Viṣapīta)
17. Poisoning (Gara Pīta)
18. Sticking to the Channels of Body (Kaphābhiṣayandi)
19. Heaviness in Bowels (Guru Koṣtha)
20. Filariasis (Slīpada)
21. Goitre (Galaganda)
22. Cervical Adenitis (Apaci)
23. Helminthiasis (Kṛmi Koṣtha)
24. Urinary Syndromes (Prameha)
25. Leprosy, Skin Disorders (Kuṣatha)
26. Obesity (Sthoulya)
27. Chronic Corrhyza (Pīnasa)
28. Emaciated (Kṛṣa)

(Caraka Sidhi 2/18, Suśruta Cikitsā 35/23, Aṣtāṅga Hṛdya Sūtra 19/7-8)

Drugs Used in Vasti Karma

There are several drugs indicated for use in Vasti Karma. They include Sthāvara, Vanasapatika Dravyās, Jāngama Kṣīra, Mānsa Rasa, Vīrya, Eggs, Urine, Kṣara and Lavaṇa etc. There are very few Dravyās which are not indicated for Vasti Karma.

Caraka

Following groups of Vasti Drāvyas are described –

1. Phalini Auṣadhiyān (Caraka Siddhi 1/7, Sūtra 1/81-85)
2. Sneha Dravyās (Caraka Sūtra 1/87)
3. Mūtra Varga (Caraka Sūtra 1/94, 95)

4. Āsthāpana and Anuvāsana Gaṇa (Caraka Sūtra 2/11-14)
5. Aasthāpanopaga Gaṇa (Caraka Sūtra 4/25)
6. Anuvāsnopaga Gaṇa (Caraka Sūtra 4/26)
7. Sadoṣajana Skandha (Caraka Vimāna 8/142-147)
   (a) Madhura Skandha (Caraka Vimāna 8/142-147)
   (b) Amla Skandha (Caraka Vimāna 8/142-147)
   (c) Lavaṇa Skandha (Caraka Vimāna 8/149)
   (d) Katuka Skandha (Caraka Vimāna 8/149)
   (e) Tikta Skandha (Caraka Vimāna 8/150)
   (f) Kasāya Skandha (Caraka Vimāna 8/151)

Suśruta

1. Niruha Varga (Suśruta Cikitsā 38/24-28)

Vāgabhaṭṭa

1. Niruhopayogi Gaṇa (Aṣtāṅga Hṛdya Sūtra 16/9)

Vasti Yantra

The instrument used for Vasti Karma is known as Vasti-Yantra. It has two parts–

(i) Nozzle, Canula (Vasti Netra)
(ii) Elastic Bag (Vasti Putaka)

(i) Nozzle, Canula (*Vasti Netra*)

The general meaning of the term 'Netra' is eye. But in this reference of vasti, it means "Nalikā" or "Nozzle". The connecting Nalikā with Vasti Putaka is specially named in Āyurvedic texts as "Netra". In ancient times it was being prepared of Gold, Silver, Copper, Tin, Bronze and Brass etc. Apart from these metals, it was also being prepared of Asthi, Śastra, Vribha, Venu, Danta, Nala, Śringa, Maṇi and Vṛkṣa – Sara (Gum).



Plant of Śālparṇi (Desmodium gangetwn, Family Leguminasae)



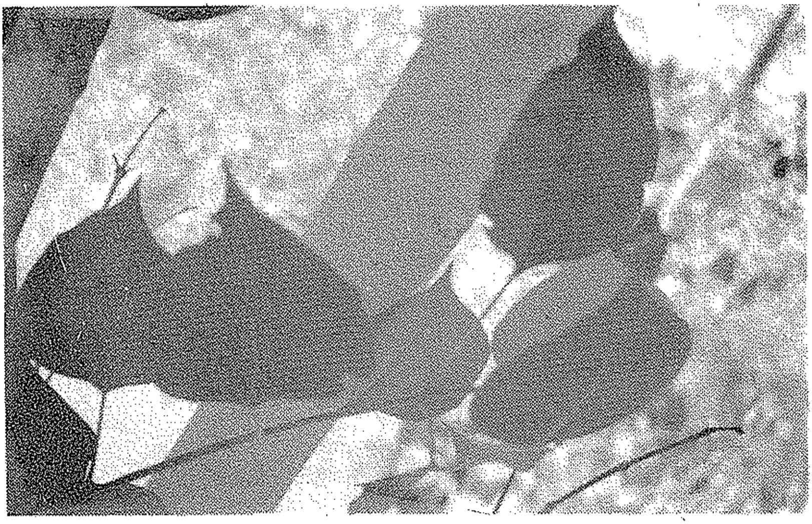
Plant and Fruit of Brahati (Solonum indicum Linṇ,
Family Solanaceae)



Plant of Śyonāka (Oroxylum indicum Xent., Family Bignoniaceac)



Plant of Pippalī (Piper longum Linn, Family Piperacea)



Plant of Gambhāri (Gamelina arborea Linn. Family Xerbenaceae)



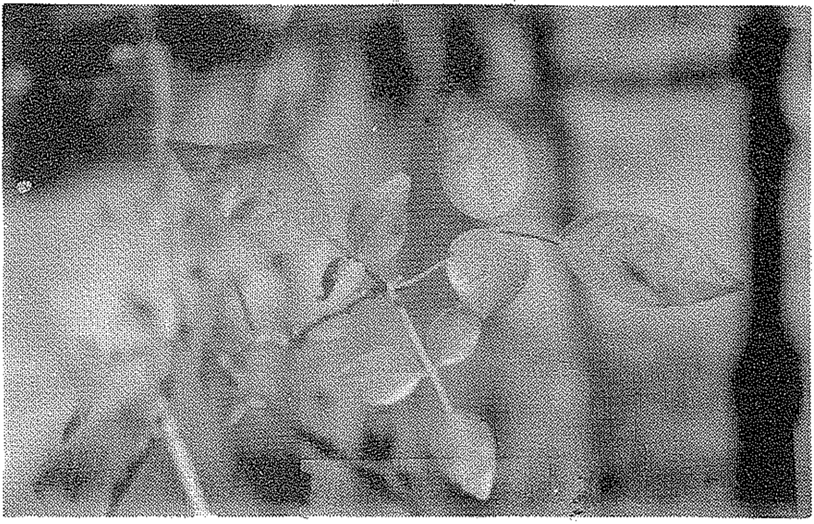
Fruit of Āragawadha (Cassia fistula Linn., Family Caesalpiniocidae)



Tree-Leaves of Āragawadha (Cassia fistula Linn., Family Caesalpiniocidae)



Plant of Agnimantha (Laghu) (Clerodendron phylomidis Roxb., Family Verbanaceae)



Bilwa Leaves (Aegle marmelas corr., Family Rutaceae)



Plant of Nirgundi (Vitex negundo Linn., Family xerbanaceae)



Leaves of Eranda Plant (Ricinus communis Linn., Family Euphorbiaceac)

(Aṣṭāṅga Hṛdya Sūtra 19/51, Caraka Sidhi 3/7-9, Suśruta Cikitsā 35/7-9, 12).

Size of Netra (Nozzle)

The nalikā (nozzle) has two ends – (i) Upper end – It is broader (ii) Lower end – It is narrower. It should be smooth and without any curves. The length of the Netra depends upon the age of the patients.

Netra of Uttara Vasti

The Netra of Uttara Vasti is also known as 'Puṣpa Netra.' It is to be made of Gold or Silver. The shape of the Netra should be like the danthala of Cameli and Kanera Puṣpa and should possess qualities like Slakṣana and Riju. It's length should be from 12-14 aṅgulas. The Cidra should be of Sarshapa size and should have 2 or 3 Karnikās (ampulla). Its overall shape should be like modern rubber Urinary Catheter.

(Caraka Sidhi 9/50,51, Suśruta Cikitsā 37/111)

Netra Doṣa (Defects of Nozzle / Canula)

If Vasti Netra is not of standard size and shape, it may produce various complications.

(A) *Caraka*

1. Small (Hrasvatā)
2. Large (Dīrghatā)
3. Thin (Tanutā)
4. Thick (Sthūlatā)
5. Old (Jīrnatā)
6. Loose (Śithila Bandhatā)
7. With side hole (Parśava Cidra)
8. Curved (Valmatā)

(B) *Suśruta*

1. Ampulla too near (Āsanna Karnikā)
2. Ampulla too for (Prākriṣta Karnikā)
3. To Small opening (Anu-Netratā)
4. Cracked (Bhinna Netratā)
5. Very Small (Anu Sroṭratā)
6. Very Large (Mahā Srotratā)

(Caraka Sidhi 5/6,7, Suśruta Cikitsā 36/6-9)

(ii) *Vasti Putaka* (Elastic Bag)

For use Vasti Putaka is to be connected with Vasti Netra. It is the container of Vasti Dravya and works as an elastic bag. In ancient times, the urinary bladder of animals like buffalo, deer, pig and goat etc. were being used for the purpose. It should be of triangularly oval shape and must be soft, clean and sterilized.

(Caraka, Sidhi 3/10-12, Suśruta Cikitsā 35/13, 14)

Defects of Vasti Putaka (Elastic Bag)

The Vasti Putaka should be free of the following defects

1. Imperfect in Shape (Viṣamatā)
2. Having Flesh attached to it (Mānsalatā)
3. Having Holes (Cidratā)
4. Very Thick (Sthūlatā)
5. Covered with fibrous tissues (Jalayuktatā)
6. Very Dry due to Vāta Doṣa (Vātalatā)
7. Unctuousness (Snigadhatā)
8. Wetness (Klinnatā)

(Caraka Sidhi 5/6,7)

The Method of Administration of Vasti

(Procedure of Vasti Karma)

This can be discussed under following three headings –

1. Preoperative Procedure (Pūrva Karma)
2. Operative Procedure (Pradhāna Karma)
3. Post Operative Procedure (Pascāta Karma)

1. Pūrva Karma (Preoperative Procedure) of Vasti Therapy

The following factors need consideration in reference to Vasti Karma similar to any other procedure – (Caraka Sidhi 3/6)

(1) *Doṣās*

As mentioned earlier Vasti is the specific therapy for Vāta Doṣa, though it is also useful in the management of disorders of Pitta and Kapha Doṣās. The following types of Vastis are indicated in relation to specific Doṣika disorders –

(i) In Doṣa Kṣaya – Bṛhamaṇa, Balya, Varṇya and Utaklesṇa Vasti.

(ii) In Doṣa Vridhi – Doṣahara, Śodhana and Tīkṣaṇa Vasti.

(iii) In Rasagata Doṣās – Langhana and Pācana drugs containing Vasti.

(iv) In Raktagata Doṣās – Śamana, Varnya, Balya and Rakta Vasti.

(v) In Mānsagata Doṣās – Agni and Kṣāra Karma are of great importance but Lekhana & Bṛhmaṇa Vasti are also used.

(vi) In Medogata Doṣa – Lekhana and Karṣaṇa Vasti.

(vii) In Asthigata Doṣa – Sāghṛta and Kṣīra Vasti.

(viii) In Majjāgata Doṣa – Śamana and Bṛhamaṇa Vasti.

(ix) In Śukragata Doṣa – Bājikaraṇa Vasti

(x) In Prānāvrita Samāna Vāyu – Catuha Sneha and Yāpnā Vasti (Caraka Cikitsā 28/205)

(xi) In Udānāvrita Apāna Vāyu – Vasti and Anulomana (Caraka Cikitsā 28/210)

(xii) In Āma Doṣa – Vasti is contraindicated (Caraka Sidhi 8/23)

Besides the above considerations the following schedule of Rasānurasa administration of different Vasti in conditions with specific Doṣika predominance should be followed – (Caraka Sidhi 1/25)

S.N.	Doṣa	Rasa	Specific Vasti Indicated	No. of Vastis
1.	Vāta Pradhāna	Madhura, Amla, Lavaṇa	Sneha Vasti	9-10
2.	Pitta Pradhāna	Madhura, Tikta, Kaṣāya	Sidha Vasti	5 - 7

3. Kapha Pradhāna	Katu, Tikta, Kaṣāya	Sanyukata Vasti	1 - 3

2. *Auṣadhis* (Drugs)

Following "Ekādaṣa Auṣadhi Doṣa" should be considered before selecting the drugs for Vasti Karma –

(i) Unripe (Āmatā)

(ii) Under Dose (Hīnatā)

(iii) High Dose (Atimātrā)

(iv) Determination of Niruha Mātrā according to age.

(v) Ati Shītatā (Excessive Coldness) which produces Vāta Vridhi (Vitiation of Vāta Doṣa), Vibandha (Constipation) and Ādhamāna. (Flatulance).

(vi) Ati Tīkṣaṇa – Causes Dāha (Burning), Atisāra (Diarrhoea), Mūrchā (Syncope)

(vii) Ati Mṛdu – Causes Bivandha (Constipation), Ādhamāna (Flatulance)

(viii) Ati Snigadha – Causes Jādhya (Stiffness)

(ix) Ati Rukṣa – Causes Vāta Doṣa (Vitiation of Vāta Doṣa)

(x) Ati – Sāndra (Precipitation or Crystalization)

(xi) Ati – Dravatā (Liquifaction)

(Caraka Siddhi 3/21,22; Suśruta Cikitsā 35/32)

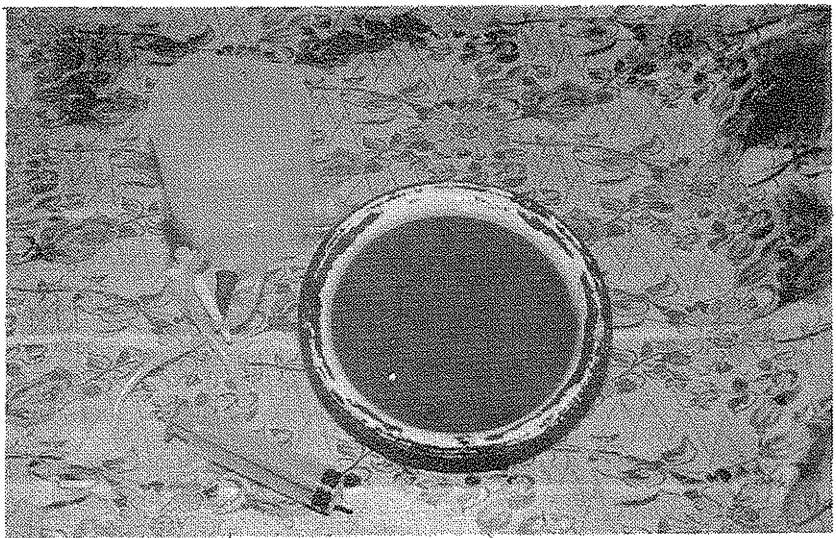
3. *Deṣa*

Deṣa includes the consideration of Bhumi Deṣa (Climate/ Area/Country where patient lives) as well as the Ātura Deṣa (Patient's Body Constitution) as described below –

(a) *Bhumi Deṣa*

(i) Jāngala – Vāta Pradhāna

(ii) Ānupa – Kapha Pradhāna



Instruments Used for administering Vasti Therapy (Enemata)

(iii) Sādhārana – Sama Doṣa

(b) *Āatura Deṣa*

If the patient is Rukṣa Śarira, then first 2 or 3 Anuvāsana Vasti should be given after which the patient should be prepared for Niruha Vasti by (i) Abhayanga (ii) Svedana (iii) Anuvāsana.

(Suśruta Cikitsā 37/44)

4. *Kāla and Kālāvadhi*

According to Hārita, Vasti should be given in Kṛshna Pakṣa, while Jaigata has recommended Vasti in Śukla Pakṣa. However, the sequence of Vasti in Pañca Karma Therapy should follow the following schedule –

Pañcakarma Therapy

Vamana – 15 Days Gap, then

Virecana – 7 Days Gap, then on

9th Day Niruha Vasti, followed by Anuwāsana Vasti, alternately.

According to Vāgabhaṭṭa, Virecana should be followed by Anuvāsana Vasti after 7 days which should be continued on alternate days upto 15th day and after that Niruha Vasti should be given (Aṣtānga Hṛdya Sūtra 19/83).

5. *Sātmya* (Adaptability)

Niruha Vasti should always be given on empty stomach when food is fully digested. Because Niruha Vasti given after meals on full stomach causes Chardi and Visūcikā. (Suśruta Cikitsā 38/19, 20).

6. *Agni* (Power of Digestion)

In Mandāgni Puruṣa Niruha Vasti is contraindicated.

7. *Satwa* (Mind)

The type of dosage schedule of Vasti should be determined in consideration with the Pravara, Madhayama and Awara Satwās.

8. *Oka* Sātmaya

This is to signify the consideration of adaptations developed by habbit or repeated experience.

9. *Vaya* (Age)

Age is one of the most important factors to be considered according to dose as well as the nature of Vasti and the size of Vasti Yantra.

10. *Bala* (Strength)

Bala of the patients (Sahaja, Yukti Kṛta, Kāla Kṛta) should be considered in reference to the selection and procedure of Vasti Therapy.

2. **Pradhāna Karma (Operative Procedure) of Vasti Therapy**
During this stage following points are to be considered–

1. Method of Administration of Vasti (Vasti Pranidhāna)
2. Observation of time of expulsion of Vasti contents (Vasti Pratyāgama and Nirīkṣaṇa)
3. Observation of symptoms of Adequate, Inadequate and Excessive Vasti Karma (Nirīkṣaṇa of Yoga and Atiyoga Lakṣaṇas)

1. Method of Administration of Vasti (*Vasti Pranidhāna*) –

(A) Niruha Vasti – Screen the patient eligible for Vasti. Prepare the Vasti Dravya (Contents of Vasti) in required quantity according to the age group, Prakṛti (constitution) and diseased conditions of the individual.

The Vasti Dravya should be made slightly warm by indirect heat by putting the container in a hot water bath. A suitable Kalka may be added and mixed in Enemata Decoction.

Niruha Vasti should be performed on empty stomach between 5-7 p.m. i.e. during Vāta Kāla after subjecting the patient for gentle massage and mild fomentation. For practical convenience Vasti can also be given in the morning hours.

Then ask the patient to lie down on the Vasti table/cot in the left lateral position. Anoint the catheter and anus and introduce the Vasti applicator into the rectum gently and properly.

Then squeeze the contents so as to intrtoduce the medicine into the rectum in one slow go. During administration, the patient may be advised not to sneeze, cough, laugh, yawn or shake the body. In case the patient develops an urge to micturete or defaecate, then withdraw the Vasti applicator. After pushing the contents of Vasti into the rectum, slowly withdraw the Vasti instrument. Patient should lie down in the supine position followed by in the Right lateral position to allow the ascent of the Vasti Dravya towards the colon

while in the supine position, a gentle massage may be done over abdomen.

(B) *Anuvāsana Vasti* – The procedure of administration of Anuvāsana Vasti is the same as that of Niruha Vasti. However it should be administered 15-30 minutes after having light diet. 5-10 gms. of Rock Salt (Saindhava Lavaṇa) should be added to the Seasumum oil (Tila Taila) / medicated oil which is to be used for Anuvāsana Vasti.

Seasonwise Time of Administration of Anuvāsana Vasti

1. In Winter and Spring Season – Morning
2. In Summer and Rainy Season – Evening

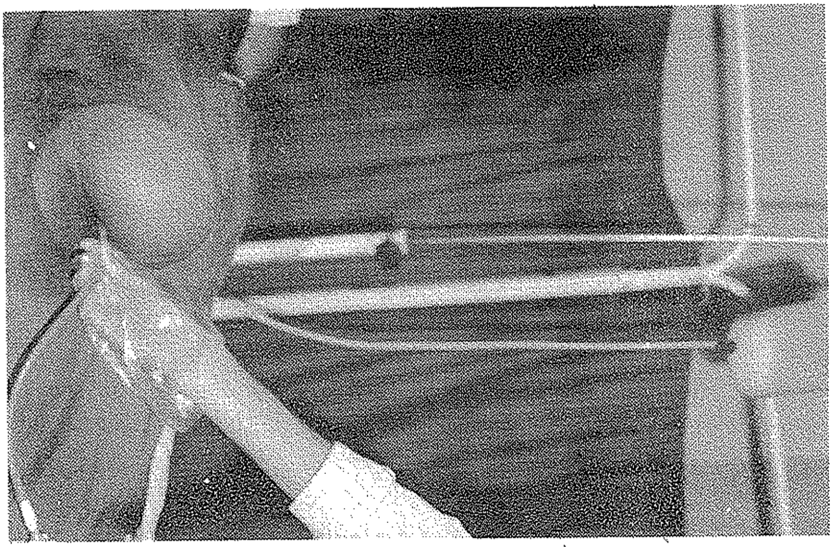
Quantity of Niruha Vasti according to age –

S.N.	Age	Maximum Quantity of Niruha Vasti
1.	1 year	1/2 Prāsrita-nearly 50 ml.
2.	10 years	5 Prāsrita - 400 ml.
3.	15 years	9 Prāsrita - 900 ml.
4.	18-70 years	12 Prāsrita - 1200 ml.
5.	Above 70 years	10 Prāsrita - 1000 ml.

Although the maximum quantity of Niruha Vasti has been stated as 1200 ml, in number of patients, doses more than 900 ml. have produced practical difficulties. A dose between 500 ml. to 800 ml. was observed to yield good therapeutic responses. Hence for practical point of view, the dosage range should be kept between 500-800 ml.

Order of mixing the Material

Honey	→	Rock Salt	Stage 1
Add Oil (Sneha)		↓	Stage 2
Add medicated Paste (Kalka)		↓	Stage 3



Administration of Niruha Vasti to a patient suffering from Gridhrasi (Sciatica)

Add Decoction (Kvatha) ↓ Stage 4

* Continuous churning should be maintained at every stage of mixing.

* Quantity of Sneha in Niruha Vasti

(i) Healthy / Pitta Dominant persons - 130 ml.

(ii) Vātaja Disorders - 200 ml.

(iii) Kaphaja Disorders - 100 ml.

* Ratio of mixing Kalka : Sneha : Kawātha.

1 : 4 : 8

Three Types of Anuvāsana Vasti and Their Dosage

(i) Sneha Vasti (1/4th of Niruha) - 300 ml.

(ii) Anuvāsana Vasti (1/2 of Sneha) - 150 ml.

(iii) Mātrā Vasti (1/2 of Anuvāsana) - 75 ml.

2. *Vasti Pratayāgama and Nirīkṣana (Observation of time of expulsion of Vasti & contents)* –

   Duration of elimination of Vasti is known as "Pratyāgama Kāla" (Suśruta Cikitsā 38/5, Aṣṭānga Hṛdya Sūtra 19/47). The time of Pratyāgama Kāla of Niruha Vasti is one Muhurata i.e. 48 minutes (about one hour). If Vasti does not come out with in one Muhurata, the patient may die or may get severe pain in Abdomen (Vāgabhaṭṭa). Usually maximum duration of retention of Anuvāsana Vasti is nine hours. However if expulsion does not occur with in stipulated time, no further treatment is required. If the Vasti is expelled out immediately, then second dose should be given (Aṣṭānga Sangraha Sūtra 28). If Niruha Vasti is retained for more than a Muhurta (48 minutes), the following complications occur –

   1. Tympanitis, Distension of Abdomen (Koṣtha Ādhamāna)
   2. Pain Abdomen (Pakawāśya Śūla)
   3. Renal Colic (Mutra Śūla)
   4. Reverse Peristalsis (Vāta Pratilomana)
   5. Pressing pain in Cardiac region
   6. According to Suśruta Other Complications –
      (i) Reverse Peristalsis (Vāta Pratilomana)
      (ii) Constipation (Viṣtambha)
      (iii) Abdominal Pain (Śūla)
      (iv) Fever (Jwara)
      (v) Malaise (Arati)
      (vi) Death (Suśruta Cikitsā 35/18)

The expelled material in the form of stools should be collected and sent to laboratory for examination –

(a) Physical examination – Volume, colour, smell, consistency etc. are to be examined.

(b) Chemical examination – p^H, presence of blood, mucin, Āma Doṣa and worms (Ova/cyst) should be looked for.

If the Vasti Dravya is retained inside even after stipulated time, then following measures should be adopted –

1. Give another Vasti containing cows urine, Yava Kṣāra, Tīkṣṇa and Amla Dravyās (like Trikatu etc.)
2. Phalavartī (Suppository) should be inserted in the rectum to induce elimination of Vasti and Malās (Stools).
3. Svedana (Fomentation) over lower abdomen and back. Hot water bottle may also be used.
4. Utrāsana – The patient should be frightened by showing him sword, snake or likewise substances to induce reflex evacuation of bowels.
5. Virecana should be induced with Trivrita powder or Triphalā powder or castor oil.

(Suśruta Cikitsā 35/17, Aṣṭāṅga Hṛdya Sūtra 19/47, 48)

3. *Observation of Symptoms of Adequate or Inadequate Vasti Therapy* –

Features of Samayaka (Adequate) Vasti Therapy

1. Stools move down wards (Prasriṣta Vittakatā)
2. Urine moves at its own accord (Prasriṣta Mutratā)
3. Proper release of wind from abdomen (Prasriṣta Vātatā)
4. Discharge of Mala, Pitta, Kapha and Vāta in sequential order.
5. Lightness in the body.
6. Interest and Taste in meals.
7. Increased Digestive power.
8. Lightness in large intestines, colon and rectum.

9. Remission of symptoms of Disease.
10. Health is restored.
11. Strength of the body increases.

(Caraka Sidhi 1/41, Suśruta Cikitsā 37/10)

Featurs of Asamayaka (Inadequate) Vasti Therapy

1. Pain Abdomen (Rujā)
2. Oedema (Śotha)
3. Cold (Pratiṣayāya)
4. Gripping Pain (Kartikā)
5. Salivation / Nausea (Hṛllāsa)
6. Flatulance (Vātasanga)
7. Retention of Urine (Mutra Sanga)
8. Dyspnoea (Śwāsa Kṛcchatā)
9. Anorexia (Aruci)
10. Lesser urges of evacuation (Vegālpatā)
11. Stiffness (Jādhyatā)

(Caraka Sidhi 1/42, Suśruta Cikitsā 38/8)

Features of Excess Vasti Therapy (Atiyoga of Vasti)

1. Numbness in the body (Aṅga supti)
2. Bodyache (Aṅga marda)
3. Tiredness (Klama)
4. Sleep (Nidrā)
5. Twitcings (Kampa)
6. Weakness (Daurbalya)

7. Drowsiness (Tamaha Praveśa)

8. Psychosis (Unmāda)

9. Hiccough (Hikkā)

(Caraka Sidhi 1/83, Suśruta Cikitsā 38/9)

These symptoms are produced due to excessive administration of Niruha Vasti leading to excessive elimination of stools through rectum. Grāhi, Dīpana and Pācanādi Drugs are indicated to control these symptoms.

3. Pascāta Karma (Post Operative Procedures) of Vasti Therapy.

1. After completion of Vasti Therapy immediate attention is to be provided towards the symptoms of Adequate, Inadequate or Excessive Vasti Therapy. If Adequate Vasti Karma is not completed then upto five or more Vastis can be given till the features of Adequate Vasti therapy are produced. (Aṣṭānga Hṛdya Sūtra 19/49). All the Vastis should not be given the same day. Otherwise there will be irritation of Pakawāśaya (colon, large intestines etc). Ask the patient to rest for some time and then he may take bath with luke warm water.

2. *Dietic Regime* (*Pathya*)

   The patient is required to follow specific Sansarjana Krama after the administration of Vasti.

   (a) Caraka – Luke warm water, milk, Yuṣa, Mānsa Rasa according to Doṣika set up and strength of the patient (Caraka Sidhi 1/21).

   (b) Suśruta – (i) Diet should not be heavy, light diet should be followed by Anuvāsana Vasti in the evening (Suśruta Cikitsā 38/11).

   (ii) Dietary schedule should be as follows –

(a) Vāta Dominant Doṣa – Mānsa Rasa.

(b) Pitta Dominant Doṣa – Milk.

(c) Kapha Dominant Doṣa – Yūṣa (Soups)

(Suśruta Cikitsā 38/12)

(c) Vāgabhatta – Luke warm water (Aṣtānga Hṛdya Sutra 19/51).

Following activities are to be avoided after Vasti Karma –

1. Long duration sitting postures.
2. Standing postures of prolonged duration.
3. Excessive talking.
4. Travelling.
5. Day Sleeping.
6. Coitus.
7. Suppression of Urges.
8. Exposure to cold.
9. Exposure to Sunlight.
10. Anxiety/Grief.
11. Anger.
12. Untimely consumption of meals.
13. Incompatible diet.

(Caraka Siddhi 1/54)

3. Complications of Vasti Therapy (*Vasti Vyāpada*)

These are of three types –

(A) Complications due to Vasti Netra (Nozzle)

(B) Complications due to Vasti Putaka (Bladder)

(C) Complications due to Vasti Dāta (Due to faulty administration of Vasti by the Physician)

(A) Complications due to Nozzle (Vasti Netra) –

1. Atihṛsva Netra – Due to very small hole of nozzle.
2. Ati Dīrgha Netra – Very large hole of nozzle.
3. Tanu Netra – Filamentous Nozzle.
4. Sthūla Netra – Thick Nozzle.
5. Jīrna Netra – Very old Nozzle.
6. Śithila Bandhan – Loose Connection
7. Pārṣava Chidra – Lateral hole in the Nozzle.
8. Vakra Netra – Zig zag Netra.

(B) Complications due to Vasti Puttaka (Bladder)

1. Viṣama Vasti – Irregular direction of Vasti.
2. Mānsala Vasti – Fleshy Vasti.
3. Chidra Yukta Vasti – Perforated Bladder leading to leakage.
4. Sthūla Vasti – Heavy bladder leading to anorectal pain.
5. Jālvati Vasti – Filamentous Vasti leading to leakage.
6. Vātalā Vasti – Froathy secretions form bladder.
7. Atisnigdha Vasti – Slips from hands.
8. Ati Klinna Vasti – Hardly catchable.

In fact complications due to defective nozzle or defective bladder are not complications in true sense. Nozzle/Bladder having such defects should be rejected.

(C) *Complications due* to *faulty administration of Vasti by the Physician & their treatment* – (Caraka Siddhi 5/8)

1. Savāta Vasti Dāna (Entrance of air through Vasti) – Abhayanga over rectum and lower abdomen with Candana Balā Lākṣadi Taila, Kṣīra Balā Taila, Pañca Guṇa Taila etc. Mṛdu Sveda over rectum.

(Caraka Siddhi 5/9, 10)

2. Druta Pranīta Vasti (Quickly administered Vasti) – Vātaghana Bhojana, Yūṣa, Mānsa Rasa, Milk, Ghṛta etc. to be given. Abhayanga and Svedana should be administered.

(Caraka Siddhi 5/10, 11)

3. Tirayaka Pranidhāna (Tılted Administeration of Vasti)– Nozzle should be withdrawn and introduced again after properly anointing it.

(Caraka Siddhi 5/12).

4. Ullipta Datta Vasti (Repeatedly pushed Vasti Putaka where Vāta goes in side and produces complications) Vasti consisting of Bilwa, Madana Phala, Śyamā, Tṛvṛta and cows urine should be given.

(Caraka Siddhi 5/13, 14)

5. Sakampa Vasti Dāna (Shivering Administration of Vasti) – It produces Śotha, Dāha. Pariṣeka over anal region with Lodhra, Triphalā, Āragawadha, Mocarasa, Khadira etc. in the form of Kwātha is indicated.

(Caraka Siddhi 5/14, 15)

6. Atipranīta Vasti (Complications due to Excessive Administration of Vasti) Leads to pain & burning sensation etc. Picchā Vasti, Kṣīra Vasti is indicated.

(Caraka Siddhi 5/15, 16)

7. Ati Bāhya and Atimanda Datta Vasti (Complications due to less and very slow entrance of Vasti). Fresh & proper administration of Vasti is indicated.

8. Ativega Datta Vasti (Complications due to forcibly administration of Vasti) – Virecana is indicated, cold water sponging, Uttrāsana etc. may be given. Sutaśe-Khara Rasa 2 Ratti, Śankha Bhasma 4 Ratti mixed with Honey TDS, Tab. Shankha Bati 2 tab x TDS are to be administered. Virecana with Tṛvṛtta, Avipatikara Curṇa or Pañca Sakār Curṇa may be given.

Uttara Vasti

Uttara Vasti is the means by which the Vasti Dravya is made to pass through medhra (Penis) or Yoni (Vagina) or through extra genitalia into urinary bladder or uterus. Since it is administered through Uttara Mārga and produces Uttama (best) results, hence the name Uttara Vasti is given.

(Caraka Siddhi 9/50)

Dose of Uttara Vasti – 2-4 Tolā, depending upon the age of the patient, the disease and the purpose of administration.

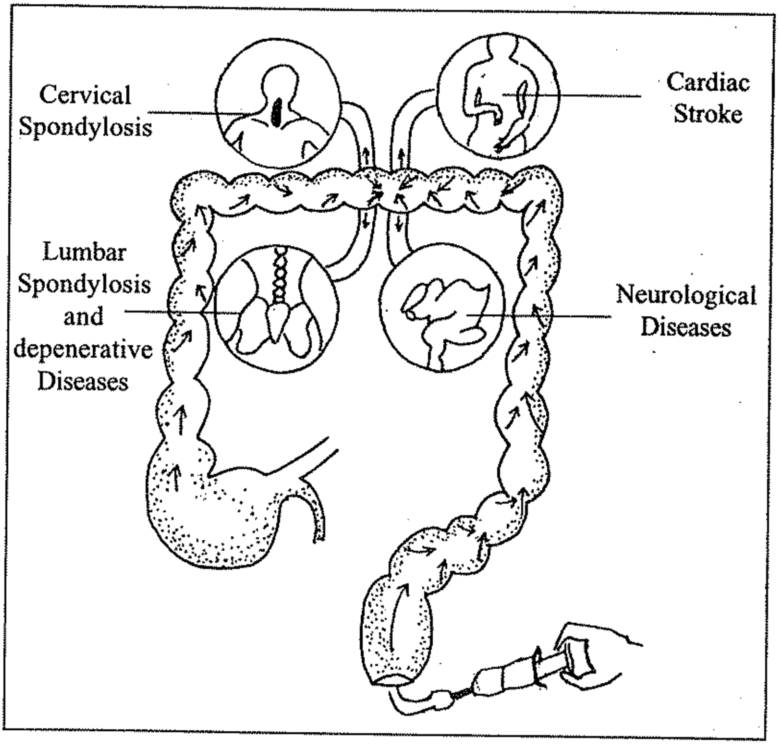
(Caraka Siddhi 9/52).

Rest of the description, indications, contraindications and mode of administration of Uttara Vasti are like Niruha or Anuvāsana Vasti.

Probable Mode of Action of Vasti Therapy

As already stated that in Kāya Cikitsā Vasti therapy is supposed to be half of the treatment. In fact Vasti Cikitsā is recommended for the patients involving Vāta doṣa. This is a purificatory process by which all the three vitiated doṣās especially Vāta Doṣa is expelled from the anal canal. As a result of excretion of vitiated Vāta, Pitta and Kapha the physiological equlibrium in three Doṣās is maintained and lasting results are produced after the therapy in the form of sound health. Vasti therapy is a complex process in which several factors take active part for completing the act of Vasti therapy. It is such a complex phenomenon that it is difficult to pin point exactly the probable mechanism of action of Vasti therapy by which it acts. In fact it is presumed that various factors work in collaboration with each other to produce the beneficial effects of Vasti Cikitsā.

According to Āyurvedic principles Vamana Karma is indicated in Āmaśyasamutha Kapha dominating diseases. Whereas Virecana Karma is indicated in Pakvāśyasamutha



Clinical responses produced by Vasti Karma through out the body (Therapeutic Effects of Vasti Therapy)

Pitta dominating diseases. By Vamana Karma vitiated Doṣās mainly kapha is taken out of body largely from the upper parts. On the other hand with the help of Virecana karma vitiated Pitta doṣa is removed from the lower parts of the body. On the contrary Vasti Cikitsā produces influence all over the body and tries to remove mainly the vitiated Vāta Doṣa and also Pitta and Kapha Doṣa to some extent. On one hand medicines introduced through anus in the form of Vasti Dravya enables the physician to introduce drugs having foul smell and unpleasant taste and on the other hand Vasti Dravya escapes the complex phenomenon of digestion and thus by passes the stages of Madhura and Amla Avasthāpāka. While talking about Vasti Cikitsā mainly three things are to be

considered –

1. Probable extent of Vasti Dravyās reaching the gut.
2. Mechanism of excretion of Vasti Dravya.
3. Mechanism of Absorption of Vasti Dravya.

Following hypothesis are being put forward to explain the probable mode of action of Vasti –

1. Vasti Dravyās when introduced through rectum reach upto the level of nābhi, kaṭi (Navel, Back, Sacral Area) pārśva (Both flanks) and udara (Complete Abdomen) pradeśa (Pakwāśya) and produces cleansing effect.

(Caraka Siddhi 1/40, Suśruta Cikitsā 35/24).

2. It has been reported that materials introduced by enema in some cases pass through the walls into the ileum. Such incompitence may permit the enema fluid to reach the duodenum (Enema is a device which resembles with Vasti).

(The Physiological Basis of Medical Practice by Taylor p-580)

3. The possibility of materials from even the lower bowel, reaching the mouth is strongly suggested by the fact that lycopodium spores, introduced into the colon by enema, have been recovered some hours later from washing of the stomach.
4. Autonomic Nervous System (ANS) controls and regulates various organs and visceras of the body. It is possible that Vasti activates ANS and thus performs the act of excretion of vitiated Doṣās, Malās and flatus.
5. Normally the Vasti Dravya when introduced through rectum comes out after some time along with Doṣa, Mala and flatus. In case the Vasti Dravyās do not come out in due course of time, another Vasti is recommended to be given so that Vasti Dravya may come out without being absorbed from the gut.

6. Although Vasti Dravyās come out in due course of time but the Vīrya of Vasti Dravyās spread throughout the body with the help of Apāna, Udāna and Vyāna Vāyu.

(Suśruta Cikitsā 35/26)

Thus the absorption of Vasti Dravya is not expected. It is possible that Vīrya of Vasti Dravyās spread through A.N.S. and expels out vitiated Doṣās from the body. It is described in modern physiology that the wall of rectum have pressure receptors. Whenever the stool enters into rectum, these receptors are stimulated and the defaecation reflex is initiated.

(Principles of Anatomy and Physiology by Tortora P. 772)

Interestingly when Vasti Netra is introduced in the rectum the same phenomenon takes place which results in initiation of defaecation reflex due to visceral distension and pressure response.

(Human Physiology By Chatterjee vol. 1)

7. *Mechanism of initiation of generator potential* – It is known that due to stimulation of the receptors there is increase of Na^+ ions conductance, inward rush of Na^+ ions through the membrane of unmyelinated terminal. The resultant influx of Na^+ ions causes the development of generator potential. Na^+ ions depletion diminishes the generator potential. Perfusion with Na^+ ions free solution but made isotonic with sucrose does not abolish the generator potential but only reduces it to about 10% of the control value. It thus indicates that generator potential is initiated by permiability to Na^+ ions and also other ions as well. As we know that Vasti Dravyās contain Madhu and Saindhava. Madhu contains sucrose and many more enzymes. Saindhava contains NaCl and other ions which fulfil the requirement for generating action potential. The release of catecholamines occurs during visceral distention and probably this also participates in pressure response (Newmann P.P. (ed.) visceral afferent function of the nervous system, London Edward Arnold Ltd, p-26).

8. Parasympathetic stimulation in general increases the overall degree of activity of the gastro intestinal tract by promoting peristalsis and relaxing the sphincters, thus allowing rapid propulsion of contents along the tract. This propulsive effect associated with simultaneous increase in rate of secretion by many of the gastro-intestinal glands results in proper evacuation of Bowels.

(Guytons's Physiology)

Secretion of water and electrolytes and mucus increases in response to the irritation or stimulation of local nerve plexus.

Honey is an aqueous solution of glucose, fructose and sucrose, formic acid and other constituents. (Pharmacognosy S.B. Gokhale).

Heavy metals like Bismuth, Mercury, Arsenic are excreted through the large gut.

The diffusible substances present in the bolus may be excreted if the concentration of these substances in the colon is lower than the blood. Due to the basis of which this part of the intestines may be used as artificial kidney for removal of the body waste product whose kidney is in trouble provided the concentration of these substances in the intestine is kept lowered by withdrawing them from it constantly. When they are injected subcutaneously they appear in the feaces.

(Human Physiology-Chatterjee)

Then we can assume that Vasti expels out Doṣās from the body by the same phenomenon described above.

Probably this is the mechanism of expulsion of Doṣās from the body by the Vasti Cikitsā. Same concept is being supported by the quotation of Ācārya Suśruta.

(Suśruta Cikitsā - 35/27, 28)

9. As regards the absorption of Vasti Dravya it is reported that water is absorbed from 60-80%. Normal saline is absorbed freely. Glucose is absorbed at the rate of 6 gm/hr. Certain drugs especially anaesthetics are also absorbed.

Aminoacids are also reported to be absorbed. Absorption in the proximal colon is better than in the distal.

(Physiology by Chatterjee)

As already stated that common salt forms an integral part of body fluids and its concentration governs the movement of fluid in various compartments under the osmotic pressure. When hypertonic solution (70.9%) is given in the form of Vasti Dravya the introduced fluid circulates from low density to high density solution i.e. from blood vessels to the outer fluid in the gastro-intestinal tract. It is possible that vitiated Dòṣās (along with toxins) cross the semipermiable membrane of the blood Vessels and these Doṣās are expelled in the gut, which are finally taken out of the body when Vasti Dravya expells out of the anal canal. Thus the cleansing action of Vasti Therapy is accomplished.

Chapter 8

Nasya Karma (Errhine Therapy)

Nasya Karma refers to administration of medicines in various forms through Nostrils. It is also known by the term "Śiro Virecana i.e. purification effected through Nose." Nasya Karma is indicated in diseases of the Head and other organs situated above the shoulder. (Suśruta Cikitsā 40/21).

Nasya is a procedure of giving medicines through the Nāsā (Nose). Vacaspatyama derives the word "Nastāh" which means beneficial for the Nose or region of the Nose. Any medicine or fatty substance (Sneha), prepared with some drugs, if administered through the Nose is called Nasya.

Nasya or Śirovirecana is the last step in Pradhāna Karmās during Pañca Karma therapy. Bhāva Prakāśa expalains Nasya as the procedure of administration of all drugs or measures through the Nasal Passage (Bhāva Prakāśa Pūrva Khanda). 'Nasya' also means beneficial to Nāsā.

The Nasya Karma is considered the best and the most specific procedure for the diseases of the head or 'Śira' (Aṣṭānga Hṛdya Sūtra 20/1). Nasal passages are considered as the portals of the head or the Śira (Aṣṭānga Hṛdya Sūtra 20/1). All drugs and measures introduced through the nose spread through out the head (supraclavicular region) and its constituent parts may influence all the Doṣās and the diseases situated in these parts.

Synonyms of Nasya Karma

1. Śirovirecana — Doṣa Śodhana of Śira (Head).

		It is a specific type of Nasya also. (Suśruta)
2. Nastah - Prachardana	—	It means inducing Vamana through Nasal passages (Caraka)
3. Śirovireka	—	Means Virecana of vitiated Doṣās through Śira (Head)
4. Mūrdha Virecana	—	It also defines the same meaning of inducing Virecana (Śodhana) of vitiated Doṣās of Murdhā (Head).
5. Nāvana	—	Nāvan is a type of Nasya.

Thus the term 'Nasya' has been used in relavence to terms Virecana (Śirovirecana) and Vamana (Pracchardana), clearly appears to be a type of Sanśodhana Karma (Purificatory procedure) administered through Nose.

(Suśruta Cikitsā 40/21, Aṣṭāṅga Hṛdya Sūṭra 20/1)

Drugs Used in Nasya Karma

A large number of drugs have been advocated for use in Nasya Karma in different Āyurvedic classics. They are listed below in brief—

(1) Caraka Saṁhitā

1. Achýranthus aspera (Apāmarga)
2. Cuminum cyminum (Ajāji)
3. Apium graveolens (Ajamodā)
4. Calotropis gigantica (Aṛka)
5. Carlotropis procera (Aṛka)
6. Aconitum neterophyllum (Ativiṣā)
7. Balanites roxburghii (Ingudi)

8. Saussurea lappa (Kuṣta)
9. Citrullus colocynthis (Gavākṣi)
10. Tinospora cordifolia (Gudūci)
11. Berberis anstata (Dāruharidrā)
12. Elettarria cardamomum (Elā)
13. Randia dumetorum (Madana phala)
14. Melia azadirachta (Nīma)
15. Cedrus deodara (Devadāru)
16. Hydrocatyle asiatica (Brāhmi)
17. Clerodendron serratum (Bhārangi)
18. Croton oblongifolius (Nagadantī)
19. Zanthoxylun alatum (Tejovatī)
20. Celastrus paniculatus (Jyotiṣmati)
21. Nigella sativa (Prithwīka)
22. Salvadora persica (Pīlu)
23. Raphanus sativus (Mūlaka).
24. Symplocos racemosa (Lodhra)
25. Acorus calamus (Vacā)
26. Solanum melongena (Vartaki)
27. Cinnamomum zeylanicum (Twaka)
28. Allium sativum (Laśuna)
29. Curcuma longa (Haridrā)
30. Souvarcala Lavaṇa
31. Rock salt (Saindhava lavaṇa)
32. Zingiber officinale (Śunthi)
33. Albizzia lebbeck (Śirīṣa Bīja)

34. Clitoria ternatea (Śweta Aparājitā)
35. Ocimum sanctum (Surasā)
36. Boswellia serrata (Salāki)
37. Brassica nigra (Sarṣapa)
38. Piper longum (Pippalī)
39. Piper nigrum (Marica)
40. Coriander of Nepal (Tumbāru)

(2) *Suśruta Samhitā*

1. Piper longum (Pippali)
2. Embelica ribes (Vidanga)
3. Achyranthes aspera (Apāmārga)
4. Moringa oleifera (Śigru)
5. Brassica nigra (Sarṣapa)
6. Albizzia lebbeck (Śirīṣā)
7. Coccinia indica (Bimbī)
8. Clitoria ternatea (Śwetaprājitā)
9. Achyranthes aspera (Kināhi)
10. Acorus calamus (Vacā)
11. Celastrus penniculata (Jyotiṣmati)
12. Pongamia glabra (Karanja)
13. Calotropis procera (Aṛka)
14. Calotropis gigantiea (Alaṛka)
15. Allium sativum (Laśuna)
16. Aconitum heterophylum (Atīsa)
17. Zingiber officinale (Śunthi)
18. Abies webbana (Tālīsapatra)

19. Cinnamomim tamala (Tamālapatra)
20. Ocimum sanctum (Surasā)
21. Balanites roxburghii (Ingudi)
22. Gymnema sylvestre (Meṣaśringī)
23. Gitrus decumana (Mātulunga)
24. Salvodara persica (Pīlu)
25. Jasminum grangiflorum (Jāti)
26. Laccifer lacca (Lākṣā)
27. Ferula narthex (Hingu)
28. Alcohol (Madya)
29. Cow dung (Go-mala)
30. Cow's urine (Go-Mūtra)
31. Salt (Lavaṇa)

3. *Vāgabhaṭṭa*

1. Achyranthes aspera (Apāmārga)
2. Solanum indicum (Bruhati)
3. Elettaria cardamomim (Elā)
4. Embelia ribes (Vidanga)
5. Shorea robusta (Rāla)
6. Ferula foetida (Hingu)
7. Berberis aristata (Dāruharidrā)
8. Piper longum + Piper nigrum + Zingiber officinale (Trikatu)
9. Elettaria cardamomium (Brahadelā)

(Caraka Sūtra 2/3-5 & Vimāna 8/154, Suśruta Sūtra 39/6, Aṣtānga Hṛdya Sūtra 15/4)

Classification of Nasya

(1) According to Caraka

(A)

1. Nāvana Nasya
   (a) Snehana
   (b) Śodhana
2. Avapīḍa Nasya
   (a) Śodhana
   (b) Stambhana
3. Dhamāpana Nasya
4. Dhūma Nasya
   (a) Prāyogika
   (b) Virecaniya
   (c) Snehaniya
5. Pratimarṣa Nasya
   (a) Snehana
   (b) Virecana

Depending upon their pharmacological actions, these five types of Nasyās can be grouped into following three types—

1. Purificatory Nasya (Recana Nasya)
2. Nourishing Nasya (Tarpaṇa Nasya)
3. Palliative Nasya (Śamana Nasya)

(Caraka Sidhi 9/89 - 92)

(B) According to the part of the Nasya Dravya Used Ācārya Caraka has divided Nasyās into 7 types –

1. Phala Nasya

2. Pattra Nasya
3. Mūla Nasya
4. Kanda Nasya
5. Puṣpa Nasya
6. Niryāsa Nasya
7. Tawaka Nasya

(Caraka Vimāna 8/154)

All the drugs used in Nasya Karma may be used in several forms mentioned below—

1. Powder (Cūrṇa)
2. Paste (Kalka)
3. Juice (Swarasa)
4. Drugs prepared with milk (Kṣīra)
5. Decoctions (Kawātha)
6. Extracts (Sāra)
7. Water boiled with drugs (Udaka)
8. Vapours / Fumes (Dhūma)
9. Meat Soup (Māṁsa Rasa)
10. Drugs boiled in oils (Siddha Taila)
11. Drugs boiled in Ghee (Ghrita)
12. Alcohol / Wine (Madya)

(2) According to Suśruta

Two types –

1. Śirovirecana
2. Snehana

Both these above mentioned types of Nasyās are further subdivided into following 5 types –

1. Nasya
2. Śirovirecana
3. Pratimarṣa
4. Avapīḍa
5. Pradhamana

(Suśruta Cikitsā 40/21)

(3) According to Vāgabhaṭṭa

Depending upon their pharmacological actions, Nasya Dravayās are divided into following three types—

1. Virecana Nasaya
2. Bṛhamaṇa Nasya
3. Śamana Nasya

(Aṣṭānga Hṛdya Sūtra 20/2)

(4) According to Kāśayapa

1. Bṛhamaṇa Nasya
2. Karṣana Nasya
3. Śodhana Nasya
4. Pūraṇa Nasya

(Kāśayapa Sidhi 2/40)

(5) According to Śārangadhara

1. Recana Nasya (Karṣana)
   - (a) Awapīda
   - (b) Pradhamana
2. Snehana Nasya (Brihamaṇa)
   - (a) Marṣa
   - (b) Pratimarṣa

(Śārangadhara Ūttara Khanda 8/2, 11, 24)

(6) According to Bhoja

(a) Prāyogika Nasya

(b) Snaihika Nasya

(Dalhaṇa on Suśruta Cikitsā 40/23)

(7) According to Videha

(a) Sangiyā Prabodhaka Nasya

(b) Stambhana Nasya

(Ūttar. S.S. Cikitsā 40/44)

1. Nāvana Nasya

It is one of the important types of Nasya Karma. Nāvana is administered by instilling the drops of a medicated oil in the Nose. Nāvana is generally a Sneha Nasya and is known as Nasya in general. In can be mainly classified into two types—

1. Snehana Nasya
2. Śodhana Nasya

(Suśruta Cikitsā 40/22)
(Caraka Sūtra 5/67, 68)

Indications of Nāvana Nasya

1. Vāta Dominant Disorders of Head (Vāttaja Śiroroga)
2. Extraction / fall of Tooth / Teeth (Dantapāta)
3. Fall of Hair (Keśapāta)
4. Fall of Hair of beards & moustache (Samaśrūpāta)
5. Acute pain in Ears (Tīvra Karṇa Śūla)
6. Perforation of Ear (Karṇacheda)
7. Cataract (Timira)
8. Exhausted due to excessive Sweating (Svedopaghāta)
9. Diseases of Nose (Nāsā Roga)

10. Dryness of Mouth (Mukha Śoṣa)
11. Difficulty in raising shoulder (Awabāhuka)
12. Untimely Wrinkling (Akālaja Valli)
13. Untimely Greying of Hair (Akālaja Palita)
14. Delayed Greying of Hair (Dāruṇa Prabodha)
15. Vāta-Pitta dominat disorders of Mouth (Vāta Pittaja Mukha Roga)

(Suśruta Cikitsā 40/22)

Nāvana Nasya should be administered according to the following time schedules—

1. (i) Kaphaja Roga - Forenoon
   (ii) Pittaja Roga - Noon
   (iii) Vātaja Roga - Afternoon

(Suśruta Cikitsā 40/24)

2. In healthy persons Nasya should be given according to following seasonal schedule—

   (i) Shīta kāla - Noon
   (ii) Śarada and Vasanta Ṛtu - Morning
   (iii) Gariṣma Ṛtu - Evening
   (iv) Varṣā Ṛtu - Only when Sun is visible.

(Suśruta Cikitsā 40/24)

Dose of Nāvana Nasya

Cotton dippend in Aṇu Taila etc. can be squeezed to instill required number of drops of oil in each nostril viz.

1. Hīna Mātrā - 8 drops
2. Madhyama Mātrā - 16 drops

3. Uttama Mātrā - 32 drops

(Suśruta Cikitsā 40/37)

2. Avapīḍa Nasya

The paste of medicines is squeezed to instill Nasya drugs in the nostrils, it is called as Avapīḍa Nasya.

Avapīḍa Nasya is the Nasya consisting of the juice (extract of a drug administered through nasal passage. These are of two types—

(i) Śodhana

(ii) Stambhana

Dosage of Avapīḍa Nasya

1. Hīna – 4 Drops
2. Madhya – 6 Drops
3. Uttama – 8 Drops

Indications of Avapīḍa Nasya

1. Poisoning (Viṣābhighāta)
2. Coma (Sanyāsa)
3. Faintaing (Mūrcchā)
4. Delusion (Moha)
5. Hysteria (Apatantraka)
6. Alcoholism (Mada)
7. Epilepsy (Apasamāra)
8. Scalp Injury (Śirobhedana)
9. Anger (Krodha)
10. Fear (Bhaya)
11. Mental Disorders (Mānasa Roga)

12. Anxiety Neurosis (Citta Vyākulāvasthā)
13. Emaciated Patient (Kṛṣa Rogi)
14. Frightened (Bhīru)
15. Delicate Person (Sukumāra)
16. Females (Strī)
17. Haemorrhagic diathesis (Raktapitta)

(Suśruta Cikitsā 40/44, 45)

3. Dhamāpana or Pradhamana Nasya

Pradhamana is a specific Śodhana Nasya. In this type of Nasya Curṇa i.e. powders of drugs are administered (inhaled) by Nasal Passages with the help of a Nādi Yantra. Videha has described its dose as one Mucyuti (A pinch). It is indicated in following conditions—

1. Mental Diseases (Mānsika Roga)
2. Poisoning (Viṣa Piḍita)
3. Head Diseases due to Worms (Kṛmija Śiroroga)

(Suśruta Cikitsā 40/46)
(Caraka Siddhi 9/107)

4. Dhūma Nasya

Dūma Nasya is defined as medicated fumes taken by Nasal route and eliminated by the oral route. If Dhūma Nasya is taken by oral route and is eliminated by the Nasal route, it is harmful to the eyes. Dhūma Nasyās are of following types –

(i) Prāyogic
(ii) Snehana
(iii) Virecanic

Dhūma Nasya is indicated in —

1. Diseases of the Head (Śiro Roga)

2. Diseases of Nose (Nāsā Roga)
3. Diseases of eye (Akṣī Roga)

(Aṣṭānga Hṛdaya Sūtra 21/9, 10; Caraka Sūtra 5/45)

5. Marṣa - Pratimarṣa Nasya

Marṣa and Pratimarṣa Nasya, both consist of introduction of oil through the nostrils. It is well tolerated and is very convenient in procedure. Principly Marṣa and Pratimarṣa Nasya are the same with following differences

S.N.	Pratimarṣa	Marṣa
1.	Never Produces Doṣās	May produce Doṣas
2.	Dose - 2 Drops B.D.	Dose - Uttama - 10 Drops Madhayama - 8 drops Hīna - 4 drops
3.	Indicated in all seasons and in all Age groups	Needs consideration of seasons and Age.
4.	Less Sneha Used	Excess Sneha Used
5.	No Complications	Complications may be seen
6.	Slow acting and less potent	Quick action, Highly potent

(Caraka Siddhi 9/12, Aṣṭānga Hṛdya Sūtra 20/7, Suśrutā Cikitsā 40/52)

Indications of Pratimarṣa Nasya

1. Awakening in the morning after night sleep (Talpothita Kāla)
2. After brushing the teeth (Prakṣālita Danta)
3. Before going out for daily schedule (Grahanirgacchatā)
4. After exercise (Vayayāmottara)
5. After coitus (Vayavāyottara)

6. Tired after walking (Adhwa Pariśrānta)
7. After evacuation of bowels and urinary bladder (Mala Mutra Visarjanottara)
8. After gargling and putting antiseptice drugs in the eyes (After Kawala & Anjana)
9. After meals (Bhojnottara)
10. After emesis
11. After day sleep
12. In the evening hours.

(Suśruta Cikitsā 40/50, 51 Aṣṭānga Hṛdya Sūtra 20/27, 28)

Indications of Nasya Karma

1. Stiff head (Śirostambha)
2. Stiff neck (Manyāstambha)
3. Stiff teeth (Dantastambha)
4. Stiff Jaw (Hanustambha)
5. Corrhyza (Pīnasa)
6. Uvulitis (Galaśundikā)
7. Tonsilitis (Galaśāluka)
8. Seminal Disorders (Śukragata Roga)
9. Cataract (Timira)
10. Diseases of eye lid (Vartma Roga)
11. Pigmentation of face (Vyanga)
12. Uvulitis (Upajihiwikā)
13. Hemi crania (Ardhāvabhedaka)
14. Diseases of neck (Grīva Roga)
15. Diseases of Shoulder (Skandha Roga)

16. Painful shoulders (Ansaśūla)
17. Diseases of mouth (Mukha Roga)
18. Earache (Karṇaśūla)
19. Painful nose (Nāsāśūla)
20. Painful eyes (Akṣi śūla)
21. Headache (Śirahśūla)
22. Facial Palsy (Ardita)
23. Hysteria (Apatantraka)
24. Tetanus (Apatānaka)
25. Goitre (Galaganda)
26. Toothache (Dantā śūla)
27. Hyper senstive tooth (Danta Harṣa)
28. Diseases of the Eye (Rāji)
29. Tumour (Arbuda)
30. Hoarseness of voice (Swarabheda)
31. Aphonia (Vākagraha)
32. Stammering (Gadagadatwa)
33. Alteration of Voice (Kranthana)

(Caraka Sidhi 2/22)

Contra Indications of Nasya Karma

1. After meals (Bhukta - Bhakta)
2. Indigestion (Ajīrna)
3. Having drunk Ghee (Pīla Sneha)
4. Having drunk Alcohol (Pīta Madya)
5. Having drunk water (Pīta toya)

6. Desirous of drinking (Snehādi Pitukāma)
7. Having bath by head (Snāta Śira)
8. Hungry (Kṣudārta)
9. Exhausted by labour (Śramārta)
10. Intoxicated (Matta)
11. Desirous of having Sex (Snātukāma)
12. Fainted (Mūrcchita)
13. Trauma with instruments (Śastradāndātā)
14. Exhausted by coitus (Vyāwāya Klānta)
15. Exhausted with exercise (Vyāyāma Klānta)
16. Excessively drunk (Pāna klānta)
17. Acute fever (Nava Jwara)
18. Grieved (Śokabhitapta)
19. Having had purgation (Virikta)
20. Having had oleus enema (Anuwāsita)
21. Pregnant (Garbhini)
22. Acute corrhyza (Nawa Pratiśyāya)
23. Fasted (Apatarpita)
24. Having drunk liquid (Pītadrava)
25. Thirsty (Triṣnārta)
26. Poisoned (Garartā)
27. Angry (Kruddha)
28. Children (Bāla)
29. Aged (Vṛddha)
30. Suppression of natural urges (Vegāwarodhita)
31. Having had haemorrhage (Rakta Sarāvita)

32. Puerperium (Sutikā)

33. Dyspnoea (Śawāsa)

34. Cough (Kāsa)

(Caraka Siddhi 2/20, Suśruta Cikitsā 40/47, Aṣṭāṅga Hṛdya Sūtra 20/11-13)

The Method of Administration of Nasya Karma

Comparatively Nasya Karma is a simple method of Pañca Karma therapy in comparison to other Pradhāna Karmās. It is simple to administer to the patients. Nasya Karma consists of following three steps —

(1) Pre-operative procedure (Pūrva Karma)

(2) Operative Procedure (Pradhāna Karma)

(3) Post operative Procedure (Pascāta Karma)

(1) Pūrva Karma of Nasya Karma (Pre operative Procedure)

(A) Collecion of Drugs and Materials (Sambhāra Sangraha)-

Special room should be constructed termed as "Nasya Bhawana" where dust & air should not enter directly. There should be enough light. (Suśruta Cikitsā 40/25). Following drugs and materials should be collected.

1. Nasya Āsana (Nasya Chair)

Nasya can be administered in two postures –

(a) Sitting Posture - Nasya chair is needed

(b) Lying Posture - Nasya bed should be prepared

The main purpose of Nasya Āsana is to make the head to lie down & to make the body in a little bit elevated posture.

2. *Drugs used in Nasya*

Following drugs in different forms like Powder, Paste, Decoction etc. should be stored in sufficient quantity—

Kata Phala Cūrna, Trikatu, Śawāsa Kuthāra Rasa, Pippalī, Marica, Vidanga in powder form. Aṇu Taila, Ṣada Bindu Taila, Jātyādi Taila, Ghee, Hingu, Vacā, Pañca Guṇa Taila and Rasons etc. are to be used.

3. *Instruments Used in Nasya Karma*

These should be readily available at one place viz. Nasya Yantra with appropriate size of Netrā etc.

4. Cotton, Gauze piece for instilling drops of oil in Nostrils, Dropper, Towels etc. should be there.
5. Spitting vessel (Spittoon) for the purpose of collecting the material spit by the patient.
6. Well trained attendants
7. For Dhūmapāna - Dhūma yantra and Dhūma Drugs.

(B) Patient's Age and time of Administration of Nasya

Patient indicated for Nasya Therapy should be selected. Suitable age of the patient and suitable time for Nasya Karma should be kept in mind. Nasya should be administered between the age of 7-80 years. Pratimarṣa Nasya can be administered from birth to death and Dhūma Nasya can be administered above 12 years.

(Suśruta Cikitsā 40)

For the purpose of administering Nasya, Śarada Ṛtu (Autumn), Vasanta (Spring) and Prāvrita Ṛtus (Rainy season) are the best.

The season should not be too cold or too hot or cloudy. In Grişama Ṛtu (Summer) Nasya must be administered before afternoon, in cold season it must be administered in afternoon

and in Varṣā Ṛtu, it should be administered on clear day.

(Suśruta Cikitsā 40/53, Aṣtānga Hṛdya Sūtra 20/30, 32)

(C) Preparation of the Patient (Ātura Siddhatā)

Internal oleation should not be done to a patient who is going to under go Nasya Therapy. His bowels should be clear, teeth properly cleaned, dhūmapāna must be done to purify the Srotās present in the nose and throat. Then the patient should be made to sit on a Nasya chair or lie down on a Nasya Bed. Then the patient should be subjected to Abhayaṅga with suitable oils like Kṣīra Balā, Dhānwantara taila and Balā taila etc. Soft fomentation is to be given over face & head. Tāpa Sveda should be done on the head, face, nose, neck & throat. After that soft massage on throat, cheeks & forehead must be done. Then only Nasya must be administered.

(Suśruta Cikitsā 40/25)

Commonly Used Nasya Drugs

(A) *Cūrṇa (Powders)*

1. Kataphala Curṇa
2. Trikatu Curṇa
3. Katu Tumbi Curṇa
4. Śawāsa Kuthāra Rasa
5. Vāta Vidhwanasana Rasa
6. Pippalī Curṇa
7. Marica Curṇa
8. Vidanga Curṇa

(B) *Medicated Sneha Dravyās* (Taila / Ghṛta)

1. Aṇu Taila
2. Ṣada Bindu Taila

3. Jātyādi Taila
4. Padamakādi Taila
5. Pañca Guṇa Taila
6. Vacā Taila / Ghṛta
7. Ghṛta
8. Ghanasāra Yoga

Standard Preparations Commonly used with Dosage For Nasya Karma

1. *Aṇu Taila*

Contents- Candana, Agara, Tejapāta, Dāruharidrā, Mulethi, Balā, Pundarika, Elā, Vāyavidanga, Bilwa, Sugandhabālā, Nīla Karmal, Khasa, Dalcinī, Śatāvarī, Nāgarmothā and Devadāru etc.

Dose- 6 Drops in each Nostril

(Caraka Sūtra 5/63-70)

2. *Rāsnādi Taila*

Contents- Rāsna, Sthirādi Varga (Laghu Pañca Mūla)

Dose- 6 Drops in each Nostril

(Caraka Cikitsā 26/160)

3. *Ṣadabindu Taila*

Contents- Eranda Mūla, Tagara, Soyābīja, Jīvantī, Rāsnā, Saindhava lavaṇa, Dālcinī, Vāya Vidanga, Mulethi, Sunthī.

Dose- 6 Drops in each Nostril

(Bhaiṣajaya Ratanāvali 65/83)

4. *Vyāghri Taila*

Contents- Vyāghri, Dantī, Vacā, Śigru, Tulasī, Trikatu,

Saindhava Lavaṇa

Dose- 6 Drops in each Nostril

(Bhaiṣajaya Ratnāsvali 63/30)

5. *Pāthādi Taila*

Contents- Pāthā, Haridrā, Dāru Haridrā, Mūrwā, Pippalī, Jati, Dantimūla

Dose- 6 drops in each Nostril

(Bhaiṣajaya Ratnāvali 63/29)

6. *Apāmārga Taila*

Contents- Apāmarga bīja, Trikatu, Haridrā, Cavaka, Hinga, Vāyavidanga, Gomūtra

Dose- 6 Drops in each Nostril.

(Bhaiṣajaya Ratanāvali 65/113)

Probable mode of Action of Drugs used in Formulations for Nasya karma—

Majority of drugs mentioned in the Śirovirecana group of drugs and above formulations have the property of Tīkṣaṇa (Irritant) and Uṣṇa Guṇa. These drugs irritate the mucous membrane of the nose, increase local secretions and eliminate the morbid Doṣās from the Nasal cavity and Head.

(2) Pradhāna Karma of Nasya Therapy (Operative Procedure of Nasya Therapy)

1. *Administration of Nasya*

The patient who has already attended to his daily essential activities such as elimination of Urine and Faeces, washing of the teeth and mouth etc. earlier should be given Snehana and Fomentation therapy.

The patient should lie on his back with his hands outstretched and the head hanging a little down or dropping and the legs,

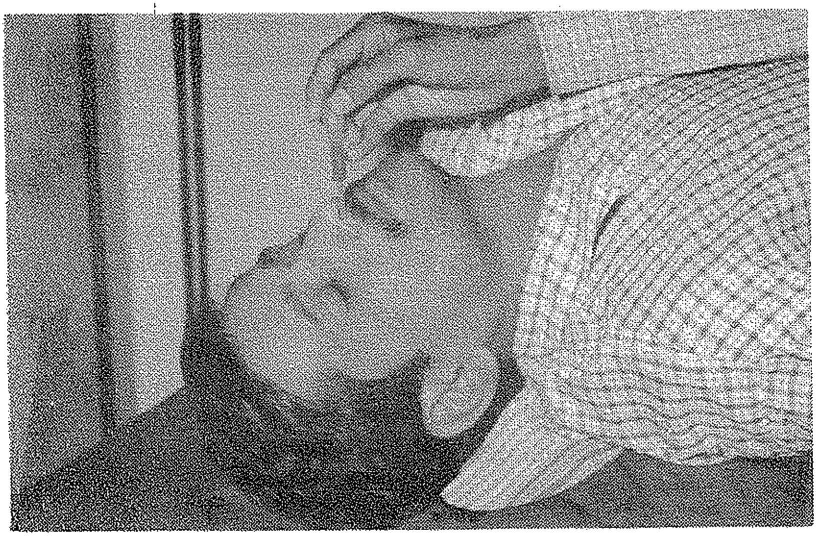
slightly raised. The eyes should be covered with a piece of cloth.

After Snehana and Svedana, with the thumb of the left hand raise the tip of patient's Nose and with the right hand the medicated oil slightly warmed with the help of hot water tub, should be taken either in a tube, or soaked in a piece of cotton swab or dropper should be instilled into each nostril alternately in equal quantity, keeping the other one closed.

When the oil is being instilled, the head should not be shaken, the patient should neither loose temper, speak, sneeze nor laugh.

Ācārya Caraka has recommended that in case of administretion of Trarpaṇa Nasya, The legs are to be raised a little, while the head should not be kept too much hanging other wise it may lead to the Nasya reaching to brain and stay there and cause fainting, syncope or burning sensation along with other problems.

For proper Śirovirecana, the head of the patient should be



Nasya being administered to a patient suffering from Pīnasa

fomented a little. The Sneha should not be swallowed and it should be expectorated out properly so that no part of it remains inside.

(Suśruta Cikitsā 40/25, Caraka Siddhi 9/98-102)

Determination of Dosage in Nasya Karma

S.N.	Type of Nasya/ Dhūma	Mild Purification (Hṛsava Mātrā)	Moderate Purification (Madhyama) Mātrā)	Maximum Purification (Uttama Mātrā
1.	Śamana Sneha (Nāvana)	8 Drops in each Nostril (16 Drops)	16 Drops in each Nostril (32 Drops)	32 Drop in each Nostril (64 Drops)
2.	Śodhana Sneha (Avapīḍana)	4 Drops in each Nostril (8 Drops)	6 Drops in each Nostril (12 Drops)	8 Drops in each Nostril (16 Drops)
3.	Pradhamana	250 mg.	375 mg.	500 mg.
4.	Marṣa	6 Drops	8 Drops	10 Drops
5.	Pratimarṣa	2 Drops	2 Drops	2 Drops
6.	Kalka	4 Drops	6 Drops	8 Drops
7.	Dhūma	1-2 minutes	2-3 minutes	Upto 5 minutes

Common Medications Used for Nasya Karma

1. *Oils*- Aṇu Taila, Ṣada Bindu Taila
2. *Ghṛta*- Brāhmi Ghṛta, Śatāwari Ghṛta
3. *Svarasa*- (Juice) - Apāmārga, Tulsī
4. *Powder*- Trikatu, Haridrā, Kataphala
5. *Smoke*- (Dhūma), Gugullu, Kantakārī, Dhatūra

Śārangadhara has described following dosage schedule for Nasya Karma

1. Tīkṣaṇa Auṣadhi-

    (a) Curṇa (Powder) - 24 Ratti

(b) Drava (Liquid) - 8 Drops

2. Hingu- 1 yava (½ Ratti)

3. Saindhawa - 1 Māsā (6 Ratti)

4. Milk - 8 Śāṇa (64 Drops)

5. Śarkarā and other Madhura Drugs - 1 Tolā

6. Jala (Auṣadhi Sidha) - 3 Tolā

(Śārangardhara Ūttara Khanda 8/9, 10)

According to Suśruta Nasya Should be given for 21 days or till the appearance of adequate effects. But Vāgabhatta has recommended the administration of Nasya Therapy for 7 days. (Suśruta Cikitsā 40/42, Aṣṭāṅga Hṛdya Sūtra 20/16).

2. Observation of Patient after Nasya

(i) *Immediate measures after administration of Nasya*

After Nasya Therapy, the patient should remain in supine position for about one minute (Time taken for counting from one to hundred) with open eyes. (Aṣṭāṅga Hṛdya Sūtra 20/22)

Head of the patient should not be lowered nor raised. Patient should be made to assume the position described. (Caraka Siddhi 9/100)

As soon as the Nasya has been instilled, the ear, forehead, cheeks, jugular region, shoulders, palms and soles should be massaged and again be given Mṛdu Svedana so that oil that has been dropped in the Nose may be repeatedly drained out together with the morbid Doṣās, especially mucous and also no portion of the medicated oil is left behind (Caraka Siddhi 9/103)

Patient should spit off the excessive medicine and mucoid discharges by the right and left side. Fomentation should be continued till the medicine is not seen and repeated expectoration or spitting should be done.

Patient should take long inhalations by both the nostrils and he should expel out the morbid Doṣās from the mouth and never from nose.

(Caraka Siddhi 9/104, 106; Aṣṭāṅga Hṛdaya Sūtra 20/20, 22; Suśruta Cikitsā 40/26, 27)

Patient should be instructed to avoid

1. Speech
2. Anger
3. Laughing
4. Swallowing of Nasya Auṣadhi
5. Patient should eliminate Kapha Doṣa by spitting it out

(ii) Observe the features of Adequate, Inadequate and excess Nasya Karma.

Features of Adequate Nasya

1. Lightness in the body (Lāghawa)
2. Sound Sleep (Nidrā)
3. Lightness in the Head (Śiraha lāghawa)
4. Cleansing of micro Channels (Sroto Sudhi)
5. Sensorial Happiness (Indriya Prasanntā)
6. Mental Happiness (Mana Prasannatā)

(Suśruta Cikitsā 40/33, 38)

Features of Inadequate Nasya

1. Dryness of Senses (Indriya Rukṣatā)
2. No relief in the Disease (Apraśama of Roga)
3. Itching (Kandu)
4. Heaviness in the body (Anga Gaurava)

5. Excessive Secretions from Nose, Eyes & Mouth (Nāsā, Netra & Mukha Srāva)

(Suśruta Cikitsā 40/35-39)

Features of Excessive Nasya

1. Headache (Śiraśūla)
2. Confusion (Indriya Vibhrama)
3. Salivation (Kapha Srāva)

(Suśruta Cikitsā 40/34, 40, 41)

Complications of Nasya and their Management

If the patient after undergoing Nasya Therapy indulges into the contraindicated regimen in diet, daily routine etc, or if he indulges in provocative substances of Doṣās, many diseases may appear. The line of treatment is the same as that in corresponding diseases. (Caraka Siddhi 9/109).

(i) Generally complications arise in two ways:—

(a) Increase of Vitiated Doṣa (Doṣa Utakleṣa)

(b) Decrease of Vitiated Doṣa (Doṣa Kṣaya)

The Snehana Nasya causes increase in Doṣa while Śirovirecana causes Kṣaya of Doṣa. The complications, which are produced by provocation of Doṣās, the treatment should be done on the line of Śodhana Therapy and if complications are arising from Doṣa kṣaya, then the treatment should be given on the lines of Bṛhamaṇa Therapy (Suśruta Cikitsā 40/49-50).

(ii) If Nasya is given in the Contraindicated conditions, such as Ajīrṇa, Bhuktabhakta, Jalapīta etc. or in adverse season / time e.g. cloudy day, there is a possibility of production of Kaphaja Rogās like Asthama, Cough, Sinusitis and Indigestion etc. In such conditions the treatement should be done with Kaphanāśaka upacāra

like use of Uṣṇa and Tīkṣaṇa Auṣadhi Dravyās and Karmās. Tribhuvana Kirti Rasa, Kasturi Bhairabha Rasa, Trikatu Cūrṇa and Daśamūlāriṣṭa etc. can be recommended for it. (Caraka Siddhi 9/111-112)

(iii) In the conditions of Fever, Śokātisāra, Madya pīta, if Nasya is prescribed then Timira Roga may be produced for which the treatment should be Rukṣa, Śītala, Anjana, Lepa and Putapāka type of measures may be administered. (Caraka Sidhi 9/115)

(iv) If patient gets fainted during Nasya, he should be treated with pouring of cold water over forehead and face/ cheeks (Aṣṭāṅga Hṛdya Sūtra 20/21)

(3) Pascāta Karma of Nasya

(Post operative Regimen)

These include –

1. Immediate Measures after giving Nasya Karma
2. Medicated smoking (Dhūmapāna)
3. Gargling (Kavala Graha and Gandūṣa)
4. Dietic regimen
5. Things to be avoided and Post Nasya Karma

1. Immediate Measures after giving Nasya Karma

After Nasya, Tāpa Sveda must be done on throat, cheeks, face & forehead. Soft massage on the feet, palms and on the back of neck must be done. Hot water gargling of the mouth must be done. It clears the mouth and throat from residual Kapha Doṣa.

2. Dhūmapāna (Medicated Smoking)

After Nasya, the Kapha Doṣa may remain in the throat, Nasa

and Head. To dissolve & liquify this residual Kapha Doṣa, the patient is suggested for medicated Smoking (Dhūma pāna) with specially indicated drugs for the purpose to alleviate the diseases.

Types of Dhūmapāna

(a) According to Caraka - Three types

(i) Alleviating or Palliative type of Smoking (Prāyogika or Śamana Dhūma)

(ii) Eliminatory Smoking (Vairecanika Dhūma)

(iii) Unctuous type of Smoking (Sneihika Dhūma)

(Caraka Sidhi 9/91)

(b) According to Susruta - Five Types

(i) Alleviating or Palliative Smoking (Prāyogika)

(ii) Unctuous Smoking (Sneihika)

(iii) Eliminatory Smoking (Vairecanika)

(iv) Anti Cough Smoking (Kāsaghna)

(v) Emetic type of Smoking (Vāmanīya)

(Suśruta Cikitsā 40/3)

(c) According to Vāgabhaṭṭa - Three types

(i) Unctuous Smoking (Snigadha Dhūma in Vāta Disorders)

(ii) Middle type of Smoking (Madhyama Dhūma in Vāta-Kapha Disorders)

(iii) Acute Smoking (Tīkṣaṇa Dhūma in Kaphaja Disorders)

(Aṣṭānga Hṛdaya Sūtra 21/2)

(d) According to Śārangadhara - Six types

(i) Palliative (Śamana)

(ii) Roborant (Bṛhamaṇa)

(iii) Eliminatory (Recana)

(iv) Anti Cough Smoking (Kāsahara)

(v) Emetic Smoking (Vāma Ka Dhūma)

(vi) Fumigation to Ulcers (Vṛana Dhūpana Dhūma)

(Śārańgadhara Ūttara Khanda 9/1-3)
(Bhāva Prakāś Pūrva Khanda)

Bhāva Prakasā has supported the concept of types of Dhūma as mentioned by Śārańgadhara.

Indications for Dhūmapāna (Medicated Smoking)

After Nasya Karma, Dhūmapāna is indicated in following conditions—

1. Heaviness in Head (Śiro Gaurava)
2. Headache (Śiraha Śūla)
3. Rhinitis or coryza (Pīnasa)
4. Hemicrania (Ardhāva Bhedaka)
5. Earache (Karṇa Śūla)
6. Pain in Eyes (Netra Śūla)
7. Cough (Kāsa)
8. Hiccough (Hikkā)
9. Asthama / Dyspnoea (Śawāsa)
10. Obstrucion in the throat (Gala Graha)
11. Weakness of teeth (Danta Daurbalya)
12. Ptyalism Salivary Secretions (Lāla Srāva)
13. Morbid Discharges from Ear (Karṇa Srāva)
14. Morbid Discharges from Nose (Putī Nāsā Srāva)
15. Morbid Discharges from Eyes (Putī Akṣī Srāva)
16. Putrid Discharges from Nose (Puti Nasya)

17. Purulent Smell from the Nose (Nāsā Durgandha)
18. Purulent Smell from the Mouth (Mūkha Durgandha)
19. Toothache (Danta Śūla)
20. Anorexia (Aruci)
21. Lock Jaw (Hanu Graha)
22. Worms and Infective Conditions (Kṛmi, Kandu)
23. Paleness of face (Pāndutā)
24. Excessive Salivation (Śaleṣma Praseka)
25. Heaviness of Voice (Svara Bheda)
26. Tonsillitis (Galaśundi)
27. Uvulitis (Upjiwhikā)
28. Alopecia (Khālitya)
29. Greying of Hair (Pinjaratva - Pālitya)
30. Falling of Hair (Keśa Pātana)
31. Sneezing (Śavathū)
32. Excessive Drowsiness (Ati Tandrā)
33. Loss of Consciousness (Budhi Moha)
34. Hypersomnia (Atinidrā)

(Caraka Sūtra 5/27-32)

Contraindications of Dhūmapāna

1. After Purgation (Virikta)
2. After Vasti (Kṛttama Vasti)
3. Haemorrhagic conditions (Rakta Pitta)
4. Suffering from Poisoning (Viṣārtā)
5. Aggreieved (Śoka Grasta)

6. Pregnant (Garbhini)
7. Fatigue due to work (Śrama Klānta)
8. Alcoholic (Mada Matta)
9. Indigestion (Āma Doṣa)
10. Pitta Dominant Disorders (Vitiated Pitta Doṣa)
11. Who has not slept in the night (Jāgrita)
12. Fainted (Mūrcita)
13. Vertigo (Bhrama)
14. Thirsty (Triṣita)
15. Who has drunk wine (Madya Pīta)
16. Who has drunk milk (Dugadha Pīta)
17. Who has drunk Unctuous substance (Sneha Pīta)
18. Who has drunk Honey (Madhu Pīta)
19. After meals (Bhakta Bhukta)
20. Who has consumed curd (Dadhi Pīta)
21. Dry Body, Roughness of Body (Rūkṣa Śarira)
22. Angry (Krudha)
23. Dryness of Palate (Tālu Śoṣa)
24. Cataract (Timira)
25. Head Injury (Śiroabhighāta)
26. Hemicrania (Śankhaka)
27. Diptheria (Rohiṇi)
28. Urinary Disorders—Diabetese (Prameha)
29. Narcosis (Madātyaya)
30. Frightened (Bhayabhīta)
31. Burning in the Body (Dāha)

32. Anaemia (Pāndu)
33. After Emesis (Vamanottara)
34. Belching (Udagāra)
35. Flatulance (Ādhamāna)
36. Children (Bāla)
37. Old Aged (Vṛdha)
38. Weak & Emaciated (Durbala)
39. Who has consumed soups and fish (Yavāgu Machali Sevita)
40. One who is having less amount of Kapha (Alpa Kapha person)

(Caraka Sūtra 5/41-45, Suśruta Cikitsā 40/11, Aṣṭāṅga Hṛdya Sūtra 21/2,3)

Method of Administration of Smoking

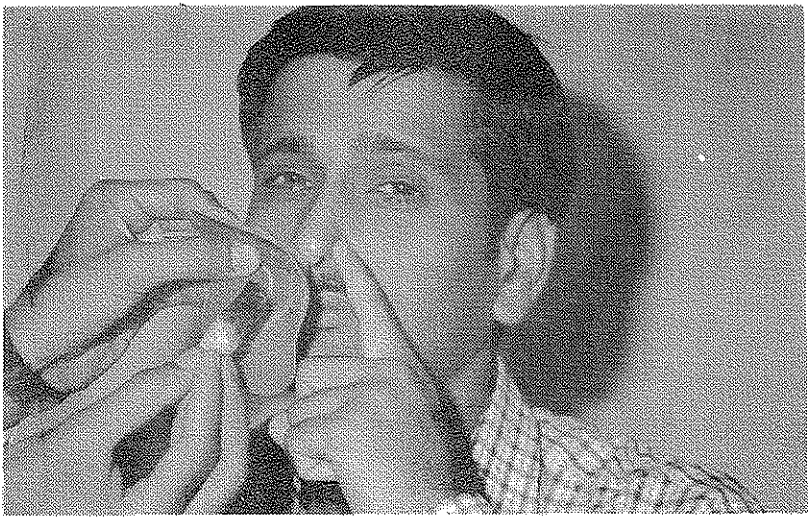
Ācārya Caraka has advocated the method of smoking, especially when the body is errect, eyes looking in the front, mind concentrated and having self control, one should sit comfortably and smoke three times, thrice during each time, through one nostril and by closing the other nostril, the fumes should be let off through the mouth only.

(Caraka Sūtra 5/48, Suśruta Cikitsā 40/10)

Time of Administration of Dhūmapāna

(a) Caraka—8 schedules of time

1. After Bath
2. After Food
3. After Emesis
4. After Sneezing



Dhūmapāna after Nasya Karma

5. After Dental Cleaning
6. After Nasya
7. After Anjana
8. After waking up from the bed

(Caraka Sūtra 5/33-35)

(b) *Suśruta*—12 times of administration of Dhūmapāna

1. After Sneezing
2. After Bath
3. After Coitus
4. After Dental Brushing
5. After Nasya
6. After Meals
7. After Day Sleep
8. After Emesis

9. After evacuation of Faeces & Urine
10. After laughing
11. After Enragement (Anger)
12. After Surgery

(Suśruta Cikitsā 40/13)

(c) *Vāgabhaṭṭa*—8 times of administration of Dhūmapāna

1. After good Appetite
2. After evacuation of Bowels
3. After evacuation of Urine
4. After Coitus
5. After Surgery
6. After Laughing
7. After Yawning
8. After Dental Cleaning

(Aṣṭānanga Hṛdya Sūtra 21/5,6)

Features of Adequate Dhūmapāna

1. Feeling of lightness in chest, throat and head
2. Liquifaction of Kapha Doṣa
3. Proper cleansing of heart, throat and senses
4. Remission of the Disease and its symptoms

(Caraka Sūtra, 5/37, 52)

Features of Inadequate Dhūmapāna

1. Impairement of Voice
2. Presence of Kapha Doṣa in the throat
3. Heaviness in Head

(Suśruta Cikitsā 40/17)

Features of Excessive Smoking

1. Dryness and buring in Throat, Palate and Head
2. Thirst
3. Vertigo
4. Fainting
5. Weakness
6. Various complications relating to sense organs

(Caraka Sūtra 5/54, 55)

Complications of Dhūmapāna & their treatment

1. Deafness
2. Dumbness
3. Bleeding from different parts of the body
4. Vertigo
5. Blindness

These complications should be treated by –

1. Intake of Ghee
2. Administration of Nasal Drops
3. Use of Collyrium (Anjana)
4. Tarpaṇa (Demulscent Drinks)
5. In Kapha Prakopa-Rukṣa Cikitsā

(Caraka Sūtra 5/39, 40, 54, 55)

Drugs used for Dhūmapāna

1. *Śamana Dhūmapāna*—Sallāki, Lākṣa, lotus, lily,

Nyagrodha, Aswatha, Plāśa, lodhra, Yaṣthi Madhu, Manjiṣtā, all fragrant substances except Kuṣthạ and Tagara.

2. *Snigadha Dhūmapāna*—Guggulu, Mustā, Malada, Usura, Yavana, animal fats, bone marrow, ghee etc.

3. *Tīkṣaṇa Dhūmapāna*—Jyotiṣamatī, Haridrā, Daṣamūla, Triphalā, Tagar etc.

(Suśruta Cikitsā 40/4)

3. Kavalagraha and Gandūṣa (Gargling)

Gandūṣa

It means holding in the mouth of any Taila or decoction for a while, after filling the mouth with it.

Kavalagraha

It means filling the mouth partially and gargling with it.

(Suśruta Cikitsā 40/58, 62)

Indications of Kavalgraha and Gandūṣa

1. Stiffness of mandibles (Manyā Stambha)
2. Headache (Śirā Śūla)
3. Earache (Karṇa Śūla)
4. Disease of the face (Mukha Roga)
5. Diseases of Eyes (Netra Roga)
6. Excessive salivation (Lālā Praseka)
7. Diseases of the throat (Kantha Roga)
8. Dryness of face/wasting of facial muscles (Mukha Śoṣa)
9. Nausea (Hṛllāsa)

10. Drowsiness (Tandrā)
11. Anorexia (Aruci)
12. Coryza (Pīnasa)

(Aṣṭāṅga Hṛdya Sūtra 22/12)

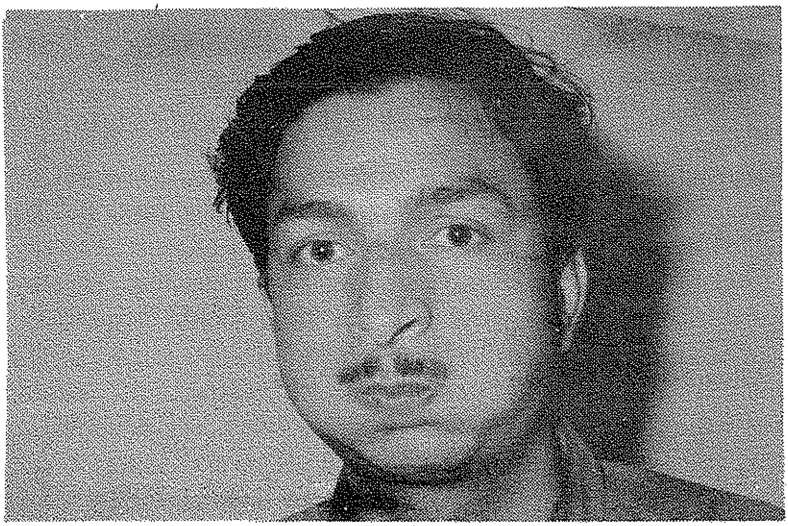
4. Post Nasya Dietic Regimen

1. Intake of luke warm water
2. Light Diet without unctuous substances

   No exposure to direct wind. Patient should not sleep after Nasya Karma.

5. (a) Things to be avoided after Nasya Karma

- Cold water should be avoided for drinking as well as taking bath
- Doṣa Prakopaka Āhāra (Heavy Diet)
- To observe celebacy



Kawala - **Gandūṣa Dhāraṇa** after Nasya Karma

- Dust & fumes
- Fatty substances—oils & ghee
- Exposure to Sunlight
- Alcohol
- All body bath (Bath by Head)
- Travelling
- Anger
- Sleep

(Caraka Siddhi 9/106)

(b) Post Nasya Karma Regimen

Nasya should be administered on every alternate days or once in two days or once in 7 days. But Suśruta has recommended administration of Nasya to a patient upto 21 days or till the disease is cured. But Vāgabhaṭṭa has advocated 7 days for Nasya therapy. If necessary, in case of Vāta disorders, the Errhines Therapy can be adopted two times in a day e.g. Manyāstamabha (Torticulosis), Swarbheda (Hoarseness or cracking of voice). In these conditions, Snehana Nasya is recommended for administration.

(Suśruta Cikitsā 40/42, 43, Aṣṭānga Hṛdya Sūtra 20/16)

After 7 days of Errhines Therapy, Raktamokṣaṇa (Blood letting) should be advocated. If Raktamokṣaṇa need not be done, then presuming completion of Pañca Karma Therapy (Śodhana Therapy), Rasāyana Therapy or Śamana Therapy (Palliative Therapy) whatever is needed, should be started.

Advantages of Adequate Nasya Karma

1. Prevention of diseases of Eye, Ear & Nose
2. Healthy Hair
3. Provides strength to scalp (bone, joint, tendon & nerves)

4. Provides Happiness
5. Improves Voice & perception of senses
6. Delays Ageing
7. Pleasant oral smell
8. Gives strength to Head, Teeth, Nerves, Shoulders & Chest
9. Prevention of Coryza, Hemiplegia, Headache, Facial Paralysis, Lock Jaw, Disease of Head & Neck, Alopecia, Greying of Hair & pigmentation disorder of face.

(Caraka Siddhi 5/57-62, Suśruta Cikitsā 40/54, 55)

Probable Mode of Action of Nasya Karma

It is difficult to ascertain that how the Nasya Karma acts therapeutically. Our clinical observations reveal that there is a possibility that many factors come together and act in a synergistic way to accomplish this karma. Modern drugs which are claimed to be decongestant or vasodilators for producing local symptomatic improvement is a part of Āyurvedic Nasya Karma. It is presumed that multifactorial approach is responsible for producing therapeutic effect of Nasya Karma. It is likely that the drugs used for Nasya Karma and the mode of administration of Nasya is mainly responsible for producing beneficial effects in the body of the patient but it is certain that whatever may be the mode of administration of Nasya or whatever drugs may be used, they are likely to produce cleansing effect at the cellular level in the region of Nasal cavity and various Sinuses. It is expected that the Nasya Karma mainly performs the Srotośuddhi of the concerned Srotās. Dhūmapāna even at the end of Nasya further supplements the action of Srotośodhana and it also helps in elimination of Doṣa. Bṛmhaṇa Nasya also performs Bṛmhaṇa of the affected parts, only after producing cleansing effect at the level of microcirculatory channels.

Nasya Karma is one of the major processes of classical Pañcakarmās. Individually or in collaboration with other Karmās, Pañcakarmās include certain procedures either to expel the Doṣās from the body through various ways or to administer the medicine with certain media carriers through nearest route.

According to Ācārya Caraka (Caraka Cikitsā 9/88) Nāsā (Nasal Cavity) has been mentioned as Dwāra (outlet) of Śira (Head) through which the drug is administered and as such works upon the vitiated Doṣās and Duśyās. The nearest route to expel the Doṣās from Ūrdhvāṅga part of the body (Supraclavicular region) or administering any medicine, there is only Nāsā (Nasal cavity), therefore in the diseases of Ūrdhvānga Pradeṣa, Nasya is preferred.

Ācārya Vāgabhatta (Aṣṭānga Sangraha Sūtra 23/3) clearly explained that Nāsā being the doorway of Śira (Head), the drug administered through nostrisls, reach upto the Śringātaka Marma (a Śirā Marma) by Nāsā Śrota. Here the drug activates the Murdhā (Brain) and its centre like Netra (Vision Centres of brain), Śrotra (Hearing centre), Kantha (Throat) and Śirā Mukha (opening of the vessels) so that morbid Doṣās are expelled out from the nose, eyes and mouth.

According to Ācārya Suśruta (Suśruta Cikitsā 40/21) on the basis of Kārmukatā (mode of action) Nasya is classified into two viz. Śirovirecana or Śodhana and Snehana. Snehana is given to nourish the organs of Sirā while Virecana is given to expel the Doṣās from the scalp region. Regarding the mechanism of action of Nasya Karma, it is presumed that Nasya acts locally as well as on many systems by direct contact with nerve terminals or absorption of the drugs by nasal mucosa.

Probable Local Effects of Nasya

As a local application, drugs in Nasya Karma are useful in various degenerative disorders of Nasal mucous membrane.

Snehaṇa Nasya in the form of Pratimarṣa protects the nasal mucous membrane in the healthy persons. In bleeding disorders some Nasyās are very beneficial to arrest the haemorrhage by vasaconstriction locally.

Probable Generalized Effects of Nasya

The generalized effects of Nasya Karma are very important. Forceful expulsion of the deposited secretions from Para nasal sinuses is one of the important actions. The irritant substances in Virecana Nasya stimulate the olfactory neurones in the mucous membrane and as a reflex of that impulse forceful sneezing results, which expels the deposited secretions from the Para nasal sinuses.

The nasal mucosa which comes into direct contact with the drugs applied directly involved in Nasya therapy is supplied by both the ophthalmic as well as maxillary branches of the Trigeminal nerve. Direct counterirritation or stimulation of these nerve terminals could cause distal changes in the Trigeminal Ganglion itself. Probably the Nasya Karma stimulates the Trigeminal Neurons which in turn may lead to alleviation of pain and other symtoms.

Basal membrane of the Neuron is good absorbent, some drugs after absorption come into contact with nerve endings there and at that level the effect of such drugs affect on neurochemical transmission according to their properties and thus may effect the whole accompanying systems. The most important communications among these is to hypothalamus through the olfactohypothalamic fibres from olfactory bulb.

It is an experimentally proved fact that where ever any type of irritation takes place in any part of the body, the local blood circulation is always increased. This is the result of natural protection function of the body. The same thing happens when provocation of Doṣās takes place in Śira (Head) due to irritating effects of administered drug resulting in increase of the blood circulation of brain. So extra accumulated morbid

Doṣās are to be expelled out from small blood vessels and ultimately these morbid Doṣās are thrown away in the Nasal discharge, tears and by salivation.

It is also presumed that the Pterygopalatine ganglion could also be involved in the local effects of Nasya. This ganglion lies on the anterior wall of the pterygopalatine fossa right below the maxillary nerve and it is easily accessible through the nasal cavity. (Kahle W. Nervous system and sensory organs, 8th edition Thieme verlag, New York—1986). The Pterygopalatine ganglion has sensory, Para-Sympathetic and Sympathetic fibres from the carotid plexus. Direct stimulation to these Sympathetic fibres could cause changes in the carotid vascular motility, helping to alleviate the headache and other associated symptoms.

According to some modern pharmacological concepts, these drugs probably decrease resistance airflow by decreasing the volume of the Nasal mucosa, this may occur by activation of α-adrenergic receptors in venous capacitance vessels in Nasal tissue that have erectile characteristics (Cole et. al, 1983).

Topical decongestants are particularly useful in acute Rhinitis because of their more selective site of action, but they are apt to be used excessively by patients leading to rebound congestion. Oral decongestants are much less likely to cause rebound congestion but carry a greater risk of inducing adverse systemic effects.

Chapter 9

Rakta Mokṣaṇa (Blood Letting Therapy)

Raktamokṣaṇa means the procedure of blood letting for the therapeutic purposes for removing morbid Doṣās with blood.

Raktamokṣaṇa is practiced in blood born diseases, in Pitta Predominant diseases and also in a few Vāta disorders.

Raktamokṣaṇa is the fifth main Karma of Pañca Karma Therapy and has been listed by Suśruta and Vāgabhaṭṭa. Caraka has not included Raktamokṣna into Pañca Karmās. He counts the following Karmās into Pañca Karmās –

Pañca Karmās according to Ācārya Caraka

1. Vamana (Emesis)
2. Virecana (Purgation)
3. Āsthāpana Vasti (Enemata)
4. Anuvāsana Vasti (Enemata)
5. Nasya-Śirovirecana (Errhines)

But Ācārya Suśruta has included both the Vastiṣ in one item and has recommended Raktamokṣaṇa (Blood letting) as fifth Karma of Pañca Karma Therapy viz.

Pañca Karmās according to Ācārya Suśruta

1. Vamana (Emesis)
2. Virecana (Purgation)
3. Vasti (Enemata)
4. Nasya (Errhines)
5. Raktamokṣaṇa (Blood Letting)

Ācārya Suśruta considers Rakta as the fourth Doṣa.

Synonyms of Rakta Mokṣaṇa

Asravisruti, Śoṇita Mokṣaṇa, Rakta Nirharaṇa, Rakta Srāvaṇa, Rakta Haraṇa etc.

Inclusion of Rakta Mokṣaṇa in Pañca Karma schedule has been principly considered by Suśruta (Suśruta Sūtra 14) and it has a comprehensive basis. The other Pañca Karma measures are designed to eliminate vitiated Doṣās, but Raktamokṣaṇa aims to eliminate vitiated Rakta as a therapeutic measure. It must be kept in mind that during Raktamokṣaṇa Doṣās (especially Pitta Doṣa) are also eliminated because Rakta and Pitta are integrally associated with each other. Thus Rakta Mokṣaṇa is advocated as a measure of therapy for the purpose of 'Swāsthaya Rakṣaṇa' (Preservation of Health) and 'Roga Anutpatti (Prevention and cure of the disease). (Aṣṭāṅga Hṛdaya Sūtra 11/26).

In the treatment of Raktaja Roga the following measures are indicated viz.

1. Raktamokṣaṇa
2. Virecana
3. Upavāsa (Fasting)
4. All other therapies suggested for the treatment of Rakta Pitta.

(Caraka Sūtra 24/19)

In Aṣṭānga Hṛdya Ācārya Vāgbhatta has described that Sveda (Sweat) and Rakta (blood) resemble Pitta and due to intimate relation of Aśraya (residence, container) and Aśrayi (resident, content) the medicines/therapies which cause the increase and decrease of one, also cause increase and decrease of the other respectively. Hence the main and first treatment for Pittaja Disorders is Raktamokṣaṇa.

(Aṣṭānga Hṛdaya Sūtra 11/26)

The Production of Rasa and Rakta in the Body

The food that we take is Pāncabhoutika and Ṣada Rasās formed are also Pāncabhoutika. Rasa is the result of digestion and this is coloured by Ranjaka Pitta in due course of time and then it is called as Rakta (Blood).

(Suśruta Sūtra 14/1-6).

Rasa is considered Āpya as it is liquid. This produces Snehana (Oleation), Jīvana, Dhāraṇa, Tarpaṇa & it reaches Yakṛta (Liver) and Plīhā (Spleen) and then it is coloured owning to presence of Ranjaka Pitta. Then it is called as Rakta (Blood). The liver and spleen are considered to be the root of Rakta vaha Srotasa.

(Caraka Vimāna 5/12)

Features of Normal Rakta (Blood)

1. Haemic Smell due to Pṛthavi Tatva (Visratā)
2. Liquid due to Apa Tatva (Drawatā)
3. Redness due to Teja (Rāga)
4. Mobility due to Vāyu (Syandana)
5. Lightness due to Ākāśa (Laghutā)

(Suśruta Sūtra 14/16)

Functions of Rakta (Blood)

1. Nutrition (Mānsa Poṣaṇa)
2. Complexion and Lusture (Varṇa Prasādana)
3. Tissue Nutrition (Dhātu Puṣti)
4. Strength (Bala)
5. Longevity (Āyuṣya)
6. Life (Prāṇa Sanyojana)
7. Tactile Sensation (Sparśa Gyāna)
8. Special Senses (Indṛya Gyāna)

9. Other allied functions

(Suśruta Sūtra 14, Caraka Sūtra 24)

Indications of Rakta Mokṣaṇa –

1. Skin diseases (Kuṣṭha)
2. Erysepalis (Visarpa)
3. Boils and Carbuncles (Pidikā)
4. Haemorrhagic diseases (Raktapitta)
5. Uterine bleeding (Asṛgdara)
6. Anorectal inflammation (Gudapāka)
7. Penile Inflammation (Medhrapāka)
8. Stomatitis (Mukhapāka)
9. Splenomegaly (Plīhā Doṣa)
10. Abdominal Swellings (Gulma)
11. Abscesses (Vidradhi)
12. Blue Pigmentation (Nilikā)
13. Jaundice (Kāmalā)
14. Pigmentation on the face (Vyanga)
15. A variety of Moles (Piplava)
16. Moles (Tilakālaka)
17. Ringworm (Dadru)
18. A type of Eczema (Carmadala)
19. Leucoderma, Vitiligo (Świtra)
20. Scabies (Pāmā)
21. Red Patches (Asṛamandala)
22. Eye diseases (Akṣi Roga)
23. Foul Smelling mouth (Pūti Āsyagandhatā)

24. Gingivitis (Upakuśa)
25. Anxiety-state (Pramīlaka)
26. Haematuria (Raktameha)
27. Gout (Vāta Rakta)
28. Discolouration (Vaiwarṇaya)
29. Dyspepsia (Agnimāndya)
30. Thirst (Pipāsa)
31. Heaviness in the body (Gurugātratā)
32. Fever (Santāpa)
33. Weakness (Atidourbalya)
34. Anorexia (Aruci)
35. Headache (Śiro Rukā)
36. Burning sensation after meals (Annapāna Vidāha)
37. Bitter Eructations (Tiktodgāra)
38. Acid Eructations (Amlodgāra)
39. Acrit Eructations (Katu Udgāra)
40. Neuraesthenia (Klama)
41. Anger (Krodhādhikatā)
42. Confusion (Buddhi Sammoha)
43. Saltish taste in the mouth (Lavanāsyatā)
44. Sweating (Sveda)
45. Foul smelling body (Śārīra durgandhya)
46. Alcoholism (Mada)
47. Tremors (Kampa)
48. Aphonia (Swara kṣaya)
49. Excessive sleep (Atinidrā)

50. Drowsiness (Atitamodarśana)

51. Itching (Kandu)

52. Allergy (Kotha)

53. A type of Mole (Masaka)

54. Black Pigmentation (Nyakṣa)

55. Alopecia (Indra, Lupta)

56. Tumor (Arbuda)

57. Bodyache (Anga-Marda)

58. Uvulitis (Upajihwikā)

59. Redness of the skin (Raktatwaka)

60. Red eyes (Rakta Netratā)

61. Haematuria (Rakta Mutratā)

62. Confusion (Bhrama)

63. Piles (Arṣa)

(Caraka Sūtra 24/11-16, Sūtra 28/24, 27, Suśruta Sūtra 14/9, Aṣtāṅga Hṛdya Sūtra 27/2, 3)

Contra-Indications of Raktamokṣana

1. General anasarca (Sarwāṅga Śopha)
2. Cachexia (Kṣīṇa)
3. Anaemia, Piles, Abdominal Disorders, Cachexia (Pāndu, Arṣa, Udara Roga and Śoṣa due to Amla Bhojana).
4. All those Conditions where Venupuncture (Sirāvyadha) is contraindicated.

(Suśruta Sūtra 14/24, Śārīra 8/3)

Suitable Time for Rakta Mokṣaṇa

Rakta Mokṣaṇa is best indicated when –

1. Day is neither too cold.
2. Day is neither too hot.
3. Nor the day is bad.
4. It is not cloudy.

Season wise schedule of Raktamokṣaṇa

1. Rainy Season (Varshā Ṛtu) – On a clear day.
2. Summer Season (Grīṣama Ṛtu) – When it is cold.
3. Early Winter (Hemanta Ṛtu) – Mid Day.

(Suśruta Sūtra 14/3 Śārīra 8/7, 10)

Types of Raktamokṣaṇa

Rakta Mokṣana is of two types –

1. Śastra Visrāvana (Blood letting with metallic Instruments) –

   Metal is used to incise the blood vessels and to let out the blood. It is of two types –

   (a) Incisions (Pracchāna)

   (b) Venepuncture (Sirā Vyadha)

2. Anu Śastra Visrāvana (Blood letting without any metallic Instruments) –

   Anuśastra is used to let out the blood from the body. It is of four types –

   (a) Application of Leech (Jalaukāvacāraṇa)

   (b) Application of Śṛnga-cow's horn (Śṛngāvacāraṇa)

   (c) Application of Alābu-Bitter Gourd (Alābuavacāraṇa)

   (d) Ghaṭi Yantra (Coupling Glass Application)

(Suśruta Sūtra 14/25, 13/4)

Anuśastra is used to let out the blood from the Sukumāra

persons i.e. tender bodied persons like child, old aged persons, pregnant women etc.

Vāgabhaṭṭa has considered the following as Anuśastra –

1. Leech (Jalaukā)
2. Alkali (Kṣāra)
3. Cauterisation (Dāhakarma)
4. Nails (Nakha), Glass, Stone piece, non metallic substances.

(Aṣṭānga Hṛdya Sūtra 26/27)

Type of Rakta Mokṣaṇa should be applied by taking into consideration following factors –

1. According to the stage of Doṣa.
2. According to the condition of Blood.
3. According to the condition of Patient.

1. *Blood Letting according to the stage of Doṣa* –

According to Ācārya Caraka and Suśruta, Blood vitiated with Vāta, Pitta and Kapha should be let out by means of horn, leeches and gourd respectively.

Cow's horn is described as hot, slightly sweet and unctuous and is useful for blood letting in disorders caused due to vitiated Vāta Doṣa.

Leech emerges from water, lives in cold, is sweet and is useful for blood letting in disorders caused due to vitiated Pitta Doṣa.

Gourd is pungent, rough and sharp. It is useful for blood letting in disorders caused due to vitiated Kapha Doṣa.

According to Vāgabhatta Gourd should be used when blood is vitiated by Kapha and Vāta. Horn should be used when blood is vitiated by Vāta and Pitta.

(Caraka Cikitsā 21/69, Suśruta Sūtra 13/4-7, Aṣṭāṅga Hṛdya Sūtra 26/49-50).

2. *Blood Letting according to the condition of Blood –*

According to Vāgabhaṭṭa Blood accumulated in any localised area can be removed by scratching (inciscons); that which is impounded in Tumours, Abscesses etc. by using Leeches; that which has produced loss of sensation at the site of accumulation by using the sucking horn etc. and that which has spread all over the body by venesection. Removal of blood by incision is done when the blood is solidified by leeches, when it is deep seated and by Gourd, pot or horn when it is localised in the skin.

According to Ācārya Suśruta the vitiated Blood should be eliminated by venesection, horn, gourd, leech and scarification in regressive order according to the depth of the morbidity. (Aṣtānga Hṛdya Sūtra 26/53,54, Suśruta Śāṛira 8/25, 26)

3. *Blood Letting according to the condition of Patient –*

According to Ācārya Suśruta application of leeches is prescribed for the benefit of kings, wealthy persons, children, old aged, timid, debilitated, women and in delicate persons.

According to Dalhaṇa, the application of Śṛnga and Alābu must be prescribed for Sukumārs and Jalaukā must be applied to people who are still more Sukumārs. The Praccāna should be applied for those who are not Sukumārs.

(Suśruta Sūtra 13/2, 3)

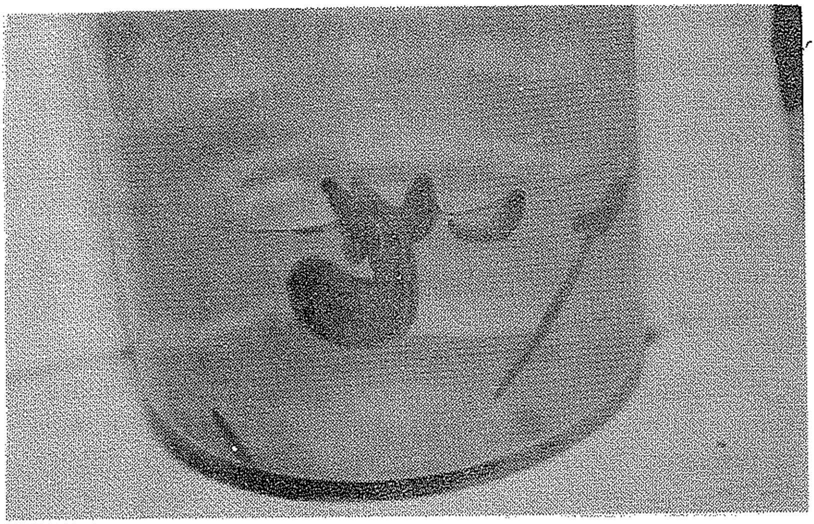
1. Jalaukāvacārana
(Application of Leeches)

The Jalaukās are commonly known as 'Joka' or Leech. Jalaukā (Leech) lies in water, is available in water and depends on water for food and nutrition.

(Suśruta Sūtra 13/9)

Jalaukā are of Two Types –

1. Poisonous (Sāviṣa) – Not used in treatment.
2. Non Poisonous (Nirviṣa) – Used for treatment.



Leeches (Jalaukā) Used for Blood Letting

Leeches are of 12 types, 6 being poisonous and 6 non poisonous. They are classified under the class Hirudinea. The saliva of the leeches contains "Hirudin", a special substance which prevents clotting of blood.

Leeches can be broadly classified into two groups –

(i) Hirudo medicinalis (Nirviṣa Jalaukā)

(ii) Hirudo detrimental (Sāviṣa Jalaukā)

Hirudo medicinalis is being used for blood letting. It is 6-10 cms. in length. It has the inherent property of contracting and expanding itself. Its upper part is convex and inner portion is bloated. The leech has suckers on the sides & back. Its colour is Reddish Brown with transverse markings on entire body. Leech resembles with earth worms. Near its suckers leech has eyes. Leeches possess nervous system, excretory system, reproductive system and digestive system.

Hirudin, a substance present in the saliva of leech prevents the blood from clotting. The alimentary canal expands during

the sucking of blood to accomodate the same in the alimentary system.

Poisonous leeches dwell in the decomposed urine and faecal matter of toads and poisnous fishes in pools of stagnant and turbid water. If poisonous leech is applied, it produces severe prusitis, fainting, fever, burning sensation, vomiting, intoxication and myalgia.

Non poisonous species of leeches originate from decomposed vegetable matter and the purified streams of several acquatic plants which live in clean and fresh water. Non poisnous leeches if applied, do not produce any complications during blood letting.

(Suśruta Sūtra 13/8,9,12-14)

Sāviṣa Jalauka (Poisonous Leeches) – Six types

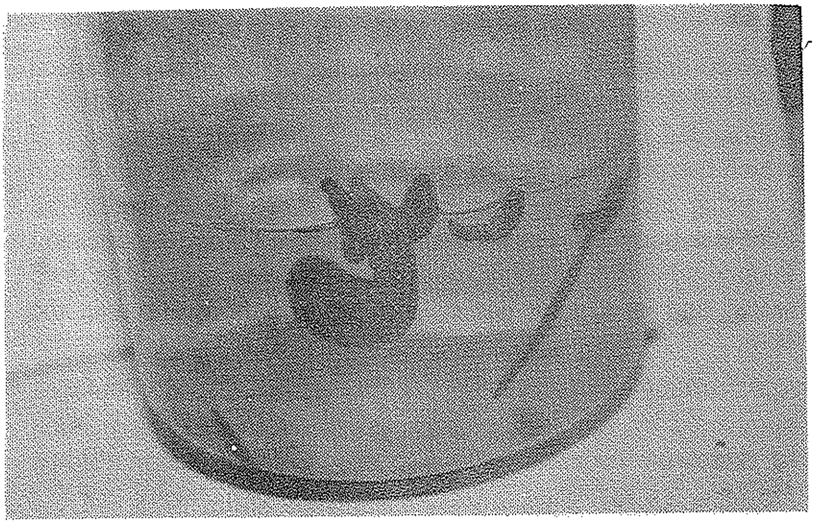
1. Kṛshṇā Jalaukā
2. Karburā Jalaukā
3. Algardā Jalaukā
4. Indrāyudhā Jalaukā
5. Sāmudṛkā Jalaukā
6. Gocandanā Jalaukā

(Suśruta Sūtra 13/9, Aṣṭāṅga Hṛdya Sūtra 26/36)

Niraviṣa Jalaukā (Non Poisonous Leeches) – Six types

1. Kapilā Jalaukā
2. Pingallā Jalaukā
3. Śankumukhi Jalaukā
4. Mūshikā Jalaukā
5. Pundarīka Mukhi Jalaukā
6. Sāvaṛka Jalaukā

(Suśruta Sūtra 13/12, Aṣṭāṅga Hṛdya Sūtra 26/38)



Leeches (Jalaukā) Used for Blood Letting

Leeches are of 12 types, 6 being poisonous and 6 non poisonous. They are classified under the class Hirudinea. The saliva of the leeches contains "Hirudin", a special substance which prevents clotting of blood.

Leeches can be broadly classified into two groups –

(i) Hirudo medicinalis (Nirviṣa Jalaukā)

(ii) Hirudo detrimental (Sāviṣa Jalaukā)

Hirudo medicinalis is being used for blood letting. It is 6-10 cms. in length. It has the inherent property of contracting and expanding itself. Its upper part is convex and inner portion is bloated. The leech has suckers on the sides & back. Its colour is Reddish Brown with transverse markings on entire body. Leech resembles with earth worms. Near its suckers leech has eyes. Leeches possess nervous system, excretory system, reproductive system and digestive system.

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(Suśruta Sūtra 13/8,9,12-14)

Sāviṣa Jalauka (Poisonous Leeches) – Six types

1. Kṛshṇā Jalaukā
2. Karburā Jalaukā
3. Algardā Jalaukā
4. Indrāyudhā Jalaukā
5. Sāmudṛkā Jalaukā
6. Gocandanā Jalaukā

(Suśruta Sūtra 13/9, Aṣṭāṅga Hṛdya Sūtra 26/36)

Niraviṣa Jalaukā (Non Poisonous Leeches) – Six types

1. Kapilā Jalaukā
2. Pingallā Jalaukā
3. Śankumukhi Jalaukā
4. Mūshikā Jalaukā
5. Pundarīka Mukhi Jalaukā
6. Sāvaṛka Jalaukā

(Suśruta Sūtra 13/12, Aṣṭāṅga Hṛdya Sūtra 26/38)

Indications of Jalaukā (Leech) Therapy

1. Abdominal Growth/Tumour – (Gulma)
2. Piles (Arṣa)
3. Abscess (Vidradhi)
4. Skin Disorders (Kuṣtha)
5. Gout (Vāta Rakta)
6. Diseases of Throat (Kantha Roga)
7. Diseases of Eyes (Netra Roga)
8. Poisoning (Viṣa Duṣta)
9. Erysepalis (Visarpa)

(Aṣtāṅga Hṛdya Sūtra 26/42)

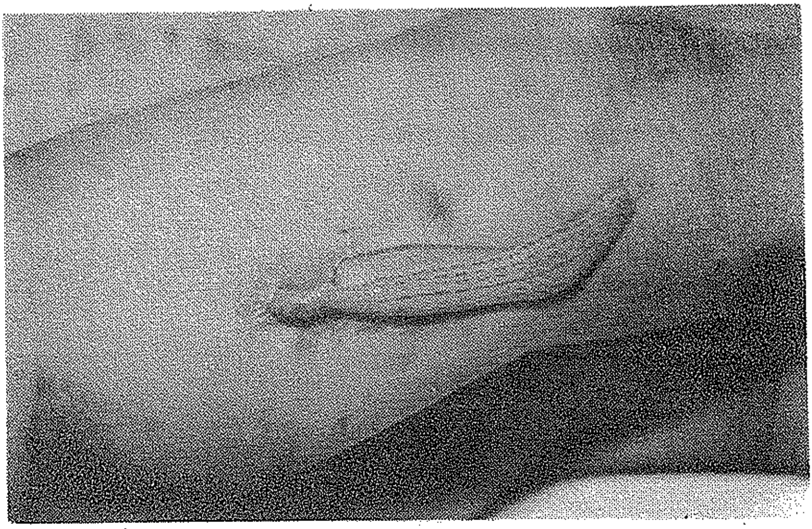
Mode of Application of Leech (Jalaukāvacāraṇa Vidhi)

This can be accomplished under following headings –

1. *Pūrva Karma* (Pre-operative Procedures)
    1. Collection, Preservation and Nutrition of Leeches.
    2. Examination of the patients.
    3. Śodhana of Leech.
    4. Preparation of the Patient.
2. *Pradhāna Karma* (Operative Procedures)
3. *Pascāta Karma* (Post Operative Procedure)
    1. Treatment of Leech.
    2. Treatment of the Patient.

1. Pūrva Karma (Pre-Operative Procedures)

1. *Collection, Preservation and Nutrition of Leeches*



Leech Application (Jalaukāvacāraṇa) in a patient suffering from Vāta Rakta (Gout)

Non-poisonous leeches are found in ponds and streams of fresh water. These can be collected easily. The best time for collecting leeches is Śarada Ṛtu (Autumn) and Varṣā Ṛtu (Rainy season). After collecting leeches they should be kept in wide mouthed new pots having fresh water. On every third day the water should be changed and feeding should be dropped inside the pot. After 7th day the feeding should be changed.

(Suśruta Sūtra 13/17, 18)

2. *Examination of the Patient*

The patient should be properly screened to whom leech therapy is to be given as per the indications of leech therapy.

3. *Śodhana (Purification) of Leech*

Leech having been anointed with the paste of Mustard and Turmeric mixed in water should be taken, placed in a water

pot for one Muhurta (48 minute). This process increases the appetite and the power of blood sucking.

(Suśruta Sūtra 13/19).

4. *Preparation of the Patient –*

Before the Rakta Mokṣaṇa is done with a leech, a day before Oleation and Sudation should be done which can be localised or generalised, depending upon the condition. Afterwards the part which is to be leeched should be made dry with mud and cow dung.

(Suśruta Sūtra 13/19)

2. Pradhana Karma (Operative Procedures)

The patient having a disorder to be treated with Leech should be asked to sit or lie down. Then the Śodhita leech should be applied to diseased spot. Their mouth should be covered with smooth white and moistened cotton swab. When the leech starts opening its mouth like horse's hoof and raising the shoulders it is the sign that leech is sucking the blood. If the leech does not start sucking the blood then kṣīra or a drop of blood should be kept over the affected part and the leech will start sucking the blood.

If at the biting site needling pain and itching appear it indicates that leech is sucking pure blood, then it should be removed from that site by pouring Rock salt at its mouth.

(Suśruta Sūtra 13/19-21, Aṣṭāṅga Hṛdya Sūtra 26/41,42)

3. Pascātakarma (Post Operative Procedures)

1. *Treatment of Leech*

As soon as the leech is removed, the body of the leech should be anointed with rice and mouth massaged with oil and Rock salt. The leech should be gently squeezed to enable it to emit out the blood. When properly vomitted on placing in a water pot, Leech moves around with a desire to eat. In case

the leech does not move it means that leech has not vomitted out the blood properly and it should be made to vomit again.

As an alternative method the leech should be dipped in dilute saline water, turmeric water and plain water one after the other, dilute honey water or Tila taila mixed with Rock salt may also be used. By this process the leech vomits out the blood immediately. Once used, the same leech is not fit to be used again for at least seven days.

(Suśruta Sūtra 13/22)

2. *Treatment of the Patient*

After leech has detached, the blood from the sucked area should be allowed to flow for 1-3 minutes and then dressing with Turmeric powder and Alum powder is done. Dressing should be kept in place for 6-12 hrs.

(Suśruta Sūtra 13/29)

Signs and Symptoms of Adequate Blood Letting by Leech Therapy

Suśruta and Vāgabhaṭṭa have not specified the quantity of blood to be removed from an individual by a leech but they have suggested to remove the leech from the part as soon as pruritis starts locally which suggests that pure blood is being sucked by the leech. Dalhaṇa has mentioned that the amount of maximum blood to be removed from the body of the patient depends on the strength of the patient and Doṣās. Maximum limit of blood to be sucked is one Prastha (54 Tolās).

According to Vāgabhaṭṭa with the removal of vitiated blood after the leech therapy the redness and pain subside immidiately.

(Suśruta Sūtra 13/23, Aṣṭāṅga Hṛdya Sūtra 26/47)

2. Śirā Vyadha (Venesection)

Śirā Vyadha is a process of cutting open a vein. It is done

with sharp instruments and as such it is a more severe form of blood letting than the application of leeches.

If Śirā Vyadha is absolutely essential it may be done in any season (Suśruta Sūtra 8/5). But otherwise Śirā Vyadha is indicated in following seasons :

1. Varṣā Ṛtu – In Clean Sky
2. Gṛiṣama Ṛtu – In Śīta Kāla
3. Śīta Ṛtu – In Uṣṇa Kāla

Indications of Sirā Vyadha

1. Erysepalis (Visarpa)
2. Asbcess (Vidradhi)
3. Splenomegaly (Plīhā Vṛddhi)
4. Abdominal Swellings (Gulma)
5. Poor digestion (Agni Māndya)
6. Fever (Jwara)
7. Oral diseases (Mukha Roga)
8. Eye diseases (Netra Roga)
9. Obesity (Meda)
10. Thirst (Tṛshnā)
11. Salty taste of mouth (Lavanāsyatā)
12. Skin diseases (Kuṣtha)
13. Gout (Vāta Rakta)
14. Haemorrhagic diathesis (Rakta Pitta)
15. Acidic Eructations (Katu Amlodgāra)

(Vāgabhatta-Aṣtānga Hṛdaya Sūtra 26/12)

Contra-Indications of Śirā Vyadha

1. Children (Bāla)

2. Aged (Vṛddha)
3. Dryness of the body (Excessive Rukṣa)
4. Chest Injury (Kṣata-Kṣīṇa)
5. Frightened (Bhīru)
6. Tired (Pariśarānta)
7. Alcoholic (Madya Pāna)
8. Exhausted due to coitus (Stṛikarśita)
9. Vomited (Vamana)
10. Purgation (Virecana)
11. Enemated (Anuwāsita Vasti)
12. Enemated (Āsthāpita Vasti)
13. Night arousal (Rātṛi Jāgaraṇa)
14. Impotency (Klaivya)
15. Cachexic (Kṛṣa)
16. Pregnant (Garbhinī)
17. Cough (Kāsa)
18. Asthma (Śwasa)
19. Emaciation (Śoṣa)
20. Hyperpyrexia (Tīvra Jwara)
21. Convulsions (Ākṣepaka)
22. Paralysis (Pakṣāghāta)
23. Fasting (Upawāsa)
24. Fainting (Murcchā)
25. Thirst (Pipāsā)

(Suśruta Śārīrā 8/3)

The Procedure of Śiravyadha (Venesetion)

The process of Venesection consists of –

1. *Pūrva Karma* (Pre operative Procedures)
    1. Selection of Patient
    2. Collection of Instruments
    3. Preparation of Patient
2. *Pradhāna Karma* (Operative Procedures)
    1. Seat Used for Venesection
    2. Venesection, Observations and Management
    3. Observation of signs and symptoms of proper/improper Venesection.
3. *Pascāta Karma* (Post Operative Procedures)
    1. Treatment of Complications
    2. Post Venesection regimen
    3. Palliative Treatment

(1) *Pūrva Karma (Pre Operative Procedures)*

1. *Selection of Patient*

The Patient should be selected for Venesection as per the indications of Sirāvyadha.

2. *Collection of Instruments*

Before starting the Venesections following instruments must be kept ready –

(i) Kuthārikā Śastra

(ii) Bṛihimukha Śastra

(iii) Tṛikūrca Śastra

(iv) Artery forceps, knife, sterlized cotton, bandage and gauze piece etc. should be kept ready.

(Aṣṭānga Hṛdya Sūtra 26/12)

3. *Preparation of Patient*

Patient should be given oleation and sudation before venesection. For internal Snehana medicated Ghee like Tikta Ghṛta, Mahātikta Ghṛta are indicated. A light diet mainly liquid like Yavāgu should be given to the patient.

(Suśruta Śārīr 8/6)

(2) *Pradhāna Karma* (Operative Procedures)

1. *Seat used for Venesection*

For different places of venesections, different types of arrangement of seats has to be made.

(Suśruta Śāṛira 8/8)

2. *Venesection, Observations and Management*

(i) *Head* – Patient should sit facing the sun on a seat with his legs flexed, elbows put on knee joints and hands with closed fists placed on carotid region.

(Suśruta Śāṛira 8/8)

(ii) *Leg* – The leg which has to be venepunctured should be kept well in an even place while the other leg should be slightly flexed and raised. Leg to be venepunctured should be bandaged below the knee joint, the ankle should be pressed with hands by applying tourniquet four fingers above the point the vein of the leg should be punctured.

(Suśruta Śāṛira (8/8)

(iii) *Arm* – The vein in hand should be punctured on raising the hand above, closing the fist with the thumb within.

(iv) Others – In case of abdomen and thorax the chest should be expanded, head raised and the body extended.

In Gṛdhrasi and Viśvāci the vein is punctured while the patient flexes his knee or elbow respectively.

Vein in surface of tongue should be punctured while raising the tongue and keeping it steadfast with teeth.

3. *Observation of Signs and Symptoms of Proper/Improper Venesections*

When the venesection is done properly then the blood flows out automatically which is impure.

(i) *Signs and Symptoms of Adequate Venesection*

(a) Lightness in the body

(b) Decrease in pain

(c) Remission of Symptoms

(d) Happiness

(Suśruta Sūtra 14/32, 33)

(ii) *Features of Inadequate Venesection*

(a) Swelling

(b) Burning Sensation

(c) Inflammation

(d) Pain

(e) Itching

(f) Redness

(Suśruta Sūtra 14/49)

(iii) *Features of Excessive Venesection*

(a) Headache

(b) Loss of Vision

(c) Glaucoma

(d) Cataract

(e) Emaciation

(f) Convulsions

(g) Paralysis

(h) Monoplegia

(i) Thirst

(j) Burning Sensations

(k) Hiccough

(l) Asthma

(m)Cough

(n) Anaemia

(o) Death

(Suśruta Sūtra 14/30)

(3) *Pascāta Karma* (Post-Operative Procedures)

1. *Treatment of Complications –*

When after Venesection the blood does not come out properly, the paste of following drugs soaked in mustard oil and mixed with common salt should be rubbed over the mouth of the place of the incision. As a result blood starts coming out properly

(i) Elettaria cardamomum (Elā)

(ii) Cinnamomum camphora (Camphor)

(iii) Saussurea lappa (Kuṣtha)

(iv) Cedrus deodara (Devdāru)

(v) Valeriana walichii (Tagra)

(vi) Embelia ribes (Vāyavidanga)

(vii) Plumbago zeylanica (Citraka)

(viii) Trikatu

(ix) Agara Dhūma

(x) Curcuma longa (Haṛidrā)

(xi) Caltropis procera (Aṛka)

(Suśruta Sūtra 14/35)

In case of excessive bleeding the mouth of the incision should be rubbed with the powder of the following drugs.

(i) Symplocos racemosa (Lodhra)

(ii) Callicarpa macryophylla (Pṛyangu)

(iii) Bassia latifolia (Madhūka)

(iv) A type of bird (Patanga)

(v) Bitumen (Gaiiṛka)

(vi) Vateria indica (Sarga Rasa)

(vii) Concentrated aqueous extract of Berletis aristata (Rasānjana)

(viii) Śalmali amlabarica (Śalmali Flowers)

(ix) Shankha

(x) Phaseous roxburghi (Śukti)

(xi) Mother of pearl (Māṣa) (Phaseous roxburghif)

(xii) Hardenum vulgare (Yava)

(xiii) Tricticum sativum (Go-Dhūma)

(Suśruta Sūtra 14/36)

Similarly powdered barks of Sāla, Sarja, Arjuna, Atimedā, Meśashṛngi and Dhanvāna or Burn Ash of Silk Cord must be applied on the wound. The powders of lākṣā and Samudraphena can also be used. Then the wound should be properly bandaged.

If the above procedure fails to check the flow of blood, the patient may be given a decoction consisting of the compound of drugs of the Kākolyādigaṇa. Sugar or Honey may be added to the decoction. It is also recommended that the patient should drink the blood of animals like Deer, Sheep, Hare or Buffalo.

(Suśruta Sūtra 14/36,37)

The Blood can be stopped by the following measures –

(a) Sandhāna – Process of contracting and healing by the application of drugs.

(b) Skandana – This is employed to make the blood come closer. (To help blood coagulation with Ice etc.)

(c) Pācanama – This is the process of setting up suppuration of the wound. (Bhāsmās and Kṣāra)

(d) Dahanama – The process of cauterization.

(Suśruta Sūtra 14/39-42)

2. *Post-Venesection Regimen*

(i) Avoid Excess cold and hot substances

(ii) Consume Laghu and Agni Dīpaka Āhāra, Liquid diet.

(iii) Avoid Anger

(iv) Avoid Coitus

(v) Avoid Day sleeping

(vi) Avoid Incompatible diet

(vii) Consume Haematinic diet

(viii) Conserve Agni (Digestive Fire)

(Caraka Sūtra 24/23, Suśruta Sūtra 14/25,38)

3. *Palliative Treatment*

After Rakta Mokṣaṇa is completed to the patient, proper palliative line of treatment should be started.

3. Pracchāna (Superficial Wounding)

Pracchāna is a type of Rakta Mokṣaṇa. Superficial incisions are made over the skin with the help of scalpel, fine needles or instruments. It is applied over the elevated portion of the skin (Locally) where few superficial incisions should be made and the part proximal to the incisions should be tied. The incision should not be made on Marmasthala, Snāyus, Sandhis and Asthis.

(Aṣṭānga Hṛdaya Sūtra 26/51, 52)

Blood letting with this method is commonly used in localised blood disorders and in certain skin disorders. Pracchāna must be done after taking aseptic measures. Antiseptic dressing should be applied over the wound.

4. Śṛnga (Animal Horn Application)

It is a type of Rakta Mokṣana in which a suitable cow horn is used for sucking blood. Since horn is Uṣaṇa, Madhura and Snigdha, therefore, it is useful for taking out Vāta vitiated Blood.

Before using horn, the part where blood letting is to be done should be incised and after bleeding out for sometime a horn should be applied on the affacted part after rapping one of the two mouth of the horn by sterlized cloth (should be kept on the incised part). From the other mouth the blood is to be sucked (Suśruta Sūtra 13/7). Dalhaṇa has mentioned that the horn should be Cakrākāra (Circular) and of seven aṅgula length.

5. Alābu (Application of Gourd)

Generally Alābu is also known as "Lauki", "Tumbi". It is another method of Rakta Mokṣaṇa which sucks blood on the principles of cupping. Bhāva Prakāśa has mentioned that Jalaukā can suck blood from one "hāth" circumference,

Tumbi from twelve inch circumference, while Pracchāna from one "angula" and Sirā Vayadha from all over the body. Dalhaṇa has stated that Alābu of "Aath Angula" circumference along with 4 Angula tube is best for blood letting. Alābu is pungent, rough and sharp and is useful for blood letting in Kapha dominating disorders.

(Suśruta Sūtra 13/6,7)

6. Ghati-Yantra (Coupling-glass Application)

Ghati-Yantra is small cup in which vaccum is created with negative pressure which sucks blood towards the surface after which it is incised for blood letting. Prior to application of Ghaṭi-Yantra, the patient has to be prepared with Snehana and Svedana. Caraka has described the Ghati-Yantra in Gulma Prakaraṇa.

Importance of Rakta Mokṣana

1. Diseases do not get pacified as quickly & fully by therapeutic measures like Snehana or Svedana or pastes etc. as by Venepuncture (Suśruta Śāṛira 8/22).
2. Venepuncture is known in Śalya as half of the therapeutic management, occupying the same place as properly applied Vasti in Kāya Cikitsā (Suśruta Śāṛira 8/23).
3. Those undergoing blood letting from time to time never suffer from skin diseases, cysts, inflammatory swellings, and blood disorders (Suśruta Sūtra 14/34).
4. When the blood is purified, the colour of the individual will be bright and shining and his sense organs will act powerfully and quickly. Thus mind will be full of contentness and the body will get strength & happiness.

Chapter 10

Keralīyā Pañcakarma

Introduction

The Pañcakarma Therapy of Āyurveda comprises of following five elements—

1. According to Ācārya Caraka

1. Vamana Karma (Emesis)
2. Virecana Karma (Purgation)
3. Niruha or Āsthāpana Vasti (Enemata)
4. Anuvāsana Vasti (Enemata)
5. Nasya or Śirovirecana (Enemata)

2. According to Ācārya Suśruta

1. Vamana Karma
2. Virecana Karma
3. Vasti Karma
4. Nasya Karma
5. Raktamokṣaṇa (Blood Letting)

On the other hand in southern parts of India, especially in Kerala, a much simplified form of Pañca Karma Therapy in the form of "Keralīya Traditional Therapies" have been in regular practice as a tradition. These practices are quite different than classical Pañca Karmās. It appears that the major components of Keralīya Pañca Karma Therapy are largely based on the concepts of classical Pañca Karma Therapy of Āyurveda but on very

simple basis. Keralīya Pañca Karma incorporates following five procedures—

1. Dhārā Karma
2. Pinda Sveda
3. Kāyā Seka
4. Anna Lepa
5. Śiro Lepa

In addition to these many other practices are being used in Kerala, but those practices can be categorised under these five major components.

Keralīya Pañcakarma Therapies are mainly based on the principles of Pūrva Karmās i.e. Snehana (Oleation) and Svedana (Fomentation/Sudation) of Classical Pañcakarma. The term "Keralīya Pañca Karma Therapy" denotes collective measures and procedures highly popularized because of their continuous and effective clinical practice since hundreds of years by traditional Vaidyās, owing to their simplicity and efficacy.

General Considerations About Classical Pañca Karma Therapy and Keralīya Pañca Karma Therapy

Classical Pañca Karmās are essentially purificatory procedures, whilst Keralīyā Pañca Karmās are essentially palliative procedures. Classical Pañca Karmās (except Anuvāsana Vasti) induce 'Langhana' while Keralīyā Pañca Karmās lead to 'Bṛhamana' in the body.

In classical Pañca Karma Snehana and Svedana are essential Pūrva Karmās while in Keralīyā Pañca Karma no such provision is there and as such Snehana and Svedana are practised in the form of Pradhāna Karma in various procedures. Vitiated Doṣās located in Koṣtha are expelled out from the body in classical Pañca Karma whereas the Doṣās situated in Śākhā, Marma, Asthi and Sandhi are taken care of by Keralīyā Pañca Karma Therapy.

Classical Pañca Karma is a Doṣa Oriented therapy e.g. Vamana in Kaphaja disorders, Virecana in Pittaja disorders and Vasti in Vātaja disorders. In contrast Keralīyā Pañca Karma is disease oriented therapy e.g. Śirodhāra in Mental disorders and Pinda Sveda in Articular disorders.

In Classical Pañca Karma the essential prerequisites are Snehana and Svedana Karma as Pūrva Karma while in Kerelīyā Pañca Karma no such provision is there. On the other hand Dīpana, Pācana, Laghu Āhāra and Koṣtha Śudhi are recommended as Pūrva Karma.

In Classical Pañca Karma a clear cut description of adequate, inadequate and excessive use of each therapy with specific features are mentioned. No such description is available in Keralīyā Pañca Karma Therapy.

In Classical Pañca Karma Therapy, the mild, moderate and maximum purification of the body is determined on the basis of number of bouts, amount of expelled material and the dose of the Śodhana Drug administered. In contrast, in Keralīyā Pañca Karma each procedure is designed for each patient deciding the time of duration of each therapy and number of days of treatment.

In Classical Pañca Karma Therapy, the number of Pradhāna Karmās is fixed to five, but in Keralīyā Pañca Karma, this number is not fixed. More than five procedures have been described which can be classified under five major components as discussed above. So the term used as Pañca Karma seems to be only symbolic.

Salient Features of Keralīyā Pañca Karma

As discussed earlier Keralīyā Pañca Karma Therapies are mainly based on the principles of Pūrva Karmās and they produce Bṛhamaṇa of the body. In addition these therapies have certain unique features also which are described below.

In Keralīyā Pañca Karma the selection of the drugs for preparing Dhārā, Lepa or Piṇda etc. and their formulation is based

on consideration of the nature of the particular disease, constitution and strength of the patient. It is expected that in addition to the palliation of the disease and underlying Doṣās vitiation, the Keralīyā Pañca Karma procedures also help in elimination of Doṣās located in the skin and peripheral circulation. Svedana component of the procedure eliminates Doṣās through perspiration while Dhārā and Lepa procedures eliminate vitiated Doṣās through the medium of the medicated liquids viz. Taila, Ghṛta, Takra and milk etc. used in the process.

These procedures render the microchannels (Srotasās) of the body free from stagnation making the sticky contents mobile and directing them in appropriate direction. This naturally leads to elimination/excretion of Doṣās even without applying classical Śodhana or purificatory measures.

Keralīyā Pañca Karma is best practised in Varṣā Ṛtu (Rainy Season) especially because this is the Prakopa Kāla of Vāta Doṣa.

As a Pūrva Karma to Pradhāna Karmās of Keralīyā Pañca Karma Therapy, the patient is subjected to proper Koṣtha Śudhi, Samayaka Śoṣana and Samyaka Pācana for one week prior to therapy. Patient is also given assurance therapy to create confidence in the patient and faith in the therapy to be administered. In Pascāta Karma the patient is directed to take medicated luke warm water for drinking and bathing. In diet patient is to be given medicated, light and easily digestible food. Mental & physical exertions should be avoided. Activities leading to exhaustion are also to be avoided. Patient should observe celebacy, day sleep and night arousal are to be avoided. The patient should uphold Dhārnīya Vegās and eliminate Adhārnīya Vegās. Riding on Horses or elephants etc. has to be avoided.

1. DHĀRĀ KARMA

Śiro-Dhārā

Continuously pouring of stream of medicated oil, decoction, milk or butter milk etc. on the forehead of the patient from a specified height, for a specified time period is termed as Śirodhārā or Śirahaseka or Murdhaseka. This procedure is practised as—

1. Head bath (Murdha Dhārā)
2. Whole body bath (Sarvānga Dhārā)
3. Local bath (Ekānga Dhārā)

Śirha (Head) is one of the most vital parts (Marma) of the body and is considered as a route of all motor (voluantary or involuantary) and sensory activities of body. Therefore regulations of functions of it is the key of management of all Psychosomatic and Neurological disorders.

Indications of Śirodhārā

1. Śiro Roga—Headache, Buring sensation in head
2. Anidrā—Insomania, parasomnias
3. Cittodwega—Anxiety disorders
4. Mano-Avasādatā—Depressive illnesses
5. Unmāda—Schizophrenia
6. Vātavyādhi—Motor Neuron diseases
7. Cereberal Ataxia
8. Hṛda Roga—Hypertension etc.
9. Skin disorders—Psoriasis
10. Mānasa Roga—Psychosis, Epilepsy, Fainting, Confusion, Alcoholism, etc.

Standard Procedure of Śirodhārā Karma

It comprises of following steps—

Collection of Instruments and materials

1. *Droṇi*—A wooden table approximately 6 feet long, 2 feet wide and 6-9 inches deep, called as Droṇi is to be used. It should be made of Khadira, Śāla, Bela, Devadāru or Sāgvāna wood which have Vātahara properties. Droṇi should be

fitted with handles. On the foot-end of the Droṇi on both corners there should be holes to drain out the used liquid medicaments.

2. *Sarāva* (Dhārā Pātra)

It should be made of clay, glass, gold, silver, copper or wood. The capacity of the container should be of 2-2½ litres. The Sarāwa should be wider towards the mouth than the bottom. In the center of the bottom of the Sarāwa there should be hole equal to the size of the central part of the little finger. A halved ripe coconut shell with a hole in the bottom is placed inverted in the bottom of the Sarāwa in such a way that the hole of the coconut shell coincides with the hole in the bottom of Sarāwa. A rod of approx. 8-10 cm. (2-3 Aṅgula) is placed obliquly over the hole of the coconut shell. A thick Varti made of cotton thread is tied with rod and its other end is passed through the holde of coconut shell and further through the hole in the bottom of the Sarāwa to hang below. This Varti should be of 6 angula length which points downwards. The neck of the Sarāwa is tied with strong rope and is hanged from a hook above in such a way and at such a height that the Varti of the Dhārā is only 2-3 aṅgula (8-10 cm) above the head of the patient lying below to undergo the therapy.

3. *Other Materials Required*—Cloth pieces, pots, medicated oils, luke warm water, banana leaf, pillow and trained attandants.

4. *The Selection of Dhārādravya*—Dhārā may be classified on the basis of the type of medications used like Takra Dhārā or Kṣīra Dhārā (Milk), Tailā Dhārā or Kaṣāya Dhārā. Type of Dhārā should be selected after proper examination of the patient and confirmation of predominance of type of Doṣās in the pathogenesis of the disease.

(a) Four types of Senha (Ghṛta, Taila, Vasā, Majjā) or plain Taila (oil) is useful in Vāta Doṣa dominant disorders.

Balā Taila and Daśmūla Taila are specifically indicated for Vāta Vyādhis.

(b) Medicated Ghṛta is useful in Pitta and Rakta dominating disorders. Drugs like Uśīra, Candana and coconut oil are best indicated for Pattika disorders.

(c) Plain Tila-Taila (Seasumum oil) is useful in Kapha Doṣa dominating diseases. In Kaphaja disorders the drug of choice is Madhuyaṣthi and Nāgarmothā.

(d) When Vāta Doṣa is mixed with Rakta and Pitta Doṣa, equal quantity of Ghṛta and Taila may be useful.

(e) In Kapha dominant Vāta Doṣa, Oil and Ghṛta is to be used in the ratio of 2 : 1.

(f) Medicated Takra or buttermilk or milk may be used in Pitta dominating disorders.

(g) Āmalkī Kvātha or other medicated decoctions, medicated milk, goat-milk, Dhāroṣaṇa milk, luke warm milk or any other drug according to the nature of the disease to be treated is selected for Dhārā Karma.

Some commonly used medications of Śiro-Dhārā

(a) Milk (Kṣīra)—Daṣamūla Siddha Kṣīra etc.

(b) Decoction (Kaṣāya)—Daṣamūla Kaṣāya, Vātahara Kaṣāya etc.

(c) Oils—Kṣīra Balā Taila, Candanabalā Lākṣādi Taila, Śatāwari Taila, Yaṣti Madhu Taila, Daṣamūla Taila, Dhānwantara Taila etc.

(d) Buttermilk (Takra)—Buttermilk processed with decoction of Āmalakī.

According to the drug used, the Dhārā Karma is known by different names viz.

(a) Takra Dhārā

(b) Kṣīra Dhārā

(c) Taila Dhārā

(d) Kvātha Dhārā

Formulation of various Dhārā Dravyās

(a) *Takra Dhārā*—8 Tolās of selected medicine is heated on mild fire with 4 litres of water and one litre of cow milk till the quantity remains to the original quantity of milk. After cooling it is converted into curd. Next morning this curd is churned vigorously to prepare Takra without adding any water and butter is removed. To one litre of this medicated Takra equal amount of Āmalakī Kṣāya is added. Now Takra Dhārā dravya is ready for use.

(b) *Kṣīra Dhārā*—Following combinations may be used—

(i) Balā Mūla—One Pala

(ii) Śatāwari—One Pala

(iii) Cow milk—Two Prastha

(iv) Water—Eight Prastha

Boil the above ingredients on mild fire till the quantity remains only two Prastha. Cool the contents and filter it. Dhārā drava is ready for use.

(c) *Taila Dhārā*—Following drugs may be used—

(i) Balā Mūla—16 Pala

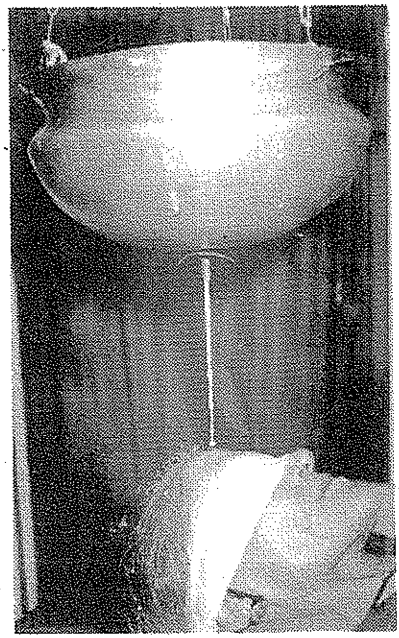
(ii) Water—16 Prastha

(iii) Balā Mūla Kalka (Paste)—4 Pala

(iv) Taila—One Prastha

(v) Cow Milk—One Prastha

Boil the mixture till it remains to 1/4 of the original quantity. Filter it, cool it and material is ready for use in Taila Dhārā.



Śiro Dhārā in a patient of Anidra (Insomnia)

5. *Preparation of the patient*

Whole body massage of the patient should be done before the main procedure. Proper information about the procedure to the patient should be given and he should be suggested to be relaxed during the main procedure.

6. *Procedure of Śiro-Dhārā*

On an auspicious day and in "Śubha Muhurta" in the morning the physician should call the patient, should light the lamp and after Swasti Vācana and Mangalācārana, should make the patient to sit in the Droṇi keeping his face towards East. The head of the patient should be irrigated with oil thrice carefuly. Afterwards the body below the neck should be massaged with luke warm oil. Then a thick cloth should be tied along with pieces of banana leaves around

the head above the eyebrows to avoid the Dhārā Drava trickling in the eyes of the patient. A small pillow should be kept below the head of the patient. One attendant should catch the Dhārā pātra hanging over the head of the patient and should put his thumb over the hole of the Dhārā pātra keeping closed while the second attendant should transfer the whole prepared Dhārā drava into the Dhārā pātra carefully. Now the outlet of the Dhārā pātra should be released slowly through its Vartī. One attendant should oscillate the Dhārā pātra to and fro in horizontal direction. The Dhārā drava should be collected from time to time during the process and should be replaced in Dhārā pātra after making it luke warm.

This process should be carried out continuously for 45-90 minutes (1-1½ hours) in the morning between 7-10 AM for 14-21 days depending upon the underlying disease and the condition of the patient. Usually Dhārā therapy is not given for more than 21 days at stretch. It is believed that by irrigation of the head the effect of medication percolates upto the limbs and entire body by 21 days.

7. *Post-Procedure Regimen*

After completion of the Dhārā Karma, the head of the patient should be wipped off. Then the patient is advised warm medicated water bath after oil Abhayanga. Administer processed Ghee according to disease for internal use. Patient should be advised to take adequate rest and he should not exert excessively physically or mentally.

8. *Takra Dhārā*

As already stated when medicated butter milk or Takra is used in the process of Śirodhārā it is termed as "Takra Dhārā". It is specially indicated in exhaustion, greying of hair, headache etc. It improves the status of Agni, prevents the loss of Oja and weakness of joints. It alleviates the diseases of heart, eye, ear and head.

Probable Mode of Action of Śirodhārā

It is very difficult to pin point exact mode of action of Śirodhārā because it needs much advance studies and research work to establish it. Some efforts have been made by the author to put forward some probable modes of action of Śhīrodhārā, by which clinical improvement on various clinical parameters could be obtained. It is also to be noted that these factors may work alone or in combination with each other to produce desired clinical results. Multifactorial approaches for establishing probable modes of action of Śirodhārā seems to be most convincing and logical. Probable modes of action of Śirodhārā can be studied under following heads:

1. Śirodhārā is a part of Keralīyā Pañcakarma therapy which has been found to be safe and effective treatment modality.
2. Śirodhārā therapy has been found to have anxiolytic, adaptogenic and tranquilizing effects resulting into a kind of relaxation response.
3. It is sort of a relaxation therapy which produces reduced mental tensions, relieves anxiety and results in a more calm outlook without producing any marked degree of sedation and hypnosis, without grossly altering the level of consciousness.
4. It is sort of a passive meditation which relieves mental tensions, controls anxiety and psychomotor agitation without producing sleep or clouding of consciousness.
5. When nerve endings of Autonomic Nervous System are stimulated, they produce chemical substances like Acetyl Choline which exists in the tissues in an inactive form and is activated by a nerve impulse vibration produced due to constant pouring of *Kṣīradhārā* over forehead, which may stimulate nerve endings and in turn Acetyle Choline may be liberated. Small doses of Acetyle Choline cause fall of B.P. leading to decreased activity of central nervous system resulting in tranquillity of mind. It is to be noted here that

larger doses of Acetyle choline like substances activate central nervous system, there by resulting in increased activity of body and mind.

6. As stated earlier that vitiated *Vāta doṣa* is the triggering factor for *Manasika doṣās Raja* and *Tama*, for starting the pathogenesis of *Anidrā / Ciṭṭodvega*. *Śirodhārā* may calm down the hyper reactions of vitiated *Vāta doṣa* and ultimately produce tranquillity of mind.
7. *Śirodhārā* may produce *Medhya* effect by reflex action.
8. *Śirodhārā* may activate and stimulate the 4s area in prefrontal lobe in the brain which is the seat of learning, memory and behavior.
9. Stimulation of prefrontal lobe is witnessed clinically in the form of improvement in mental faculties and increased tranquillity of mind.
10. According to philosophy of *Yoga*, it is presumed that there are 10 main *Cetnā Kendrās* (*Nāḍicakra*) situated at various places in our body. These *Naḍi Cakrās* are connected to each other and work with collaboration with each other. Two *Cakrās* viz.
    (a) *Āgyā Cakra* (situated between two eye-brows)
    (b) *Bhramaraguhā Cakra* (Situated at upper part of forehead) are stimulated by *Śirodhārā* which in turn produce beneficial effects of *Śirodhārā*.
11. There is a possibility that *Śirodhārā* may act locally as a local anaesthetic agent thereby producing tranquility of mind and resulting in improvement in mental functions.

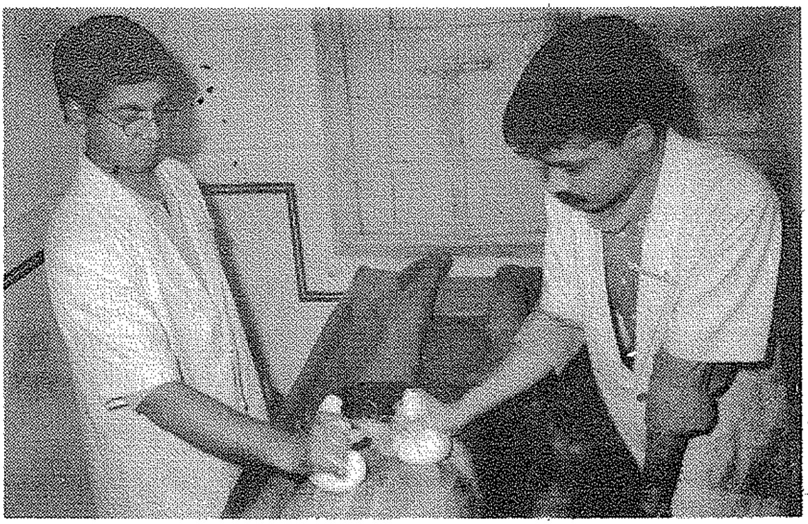
2. PINḌA SVEDA OR NAVARĀKIZI

Pinḍa Sveda or Navarākizi is one of the most important procedures of Keralīyā Pañca Karma. In this process fomentation is carried out by application of Pinda (bolus containing medications) on the

body with gentle massage by it. It is based on the principle of Sāndra Sveda as described in Āyurveda, which is one of the 13 types of Sāgni Sveda, as described by Ācārya Caraka. Fomentation can be carried out with the help of 'Piṇḍa' (bolus) consisting of Tila, Māṣa, Kulatha, Amala Dravyās, Ghṛta, Taila, Mānsa, Pāyasa or Kṛṣāra etc. (Caraka Sūtra 14/25) according to the condition of disease. But in Keralīya Pañca Karma the Piṇḍa Sveda is performed with the help of pinda or bolus made of Śaṣtika Rice Pāyasa, hence it is also termed as "Śaṣtika Śāli Pinda Sveda."

Indications

1. Pseudo Muscular Dystrophy (Sarvāṅga Śoṣa)
2. Motor Neuron Disease (Vāta Vyādhi)
3. Vāta Vyādhi (Āyāma)
4. Convulsions (Ākṣepa)
5. Poliomyelitis (Sankoca)



Śaṣtika Śāli Pinda Sveda administered in a patient of Muscular Dystrophy

6. Ankylosing Spondilitis (Stambha)
7. Paralysis (Pakṣawadha)
8. Other Neurological Disorders
9. For Rejuvenation of Body

Standard Procedure of Pinda Sveda

1. *Collections of Instruments & Medications*

   (a) *Instruments*–Droṇi or massage table, 8 cloth pieces (18" × 18"), pots, gas stove etc.

   (b) *Medications*

   (1) For massage of Head-Bhringarāja Taila, Candana Balā Lākṣādi Taila etc.

   For Body Massage—Mahā Narāyana Taila, Balā Taila, Daṣamūla Taila etc.

   (2) Śaṣtika or Navarā Rice—32 Tolā

   Balā Root—48 Tolā

   Water—768 Tolā

   Milk—192 Tolā

2. *Preparation of Pinḍa or Bolus*

   Take 12 palās of pieces of Balā Root which is to be added in 12 prastha of water and prepare its decoction of 3 Prastha. Take ½ quantity (1½ Prastha) of the decoction and add equal quantity of milk with ½ Prastha of Śaṣtika Rice and cook it so as to make it semisolid. The cooked rice is equally distributed on 8 cloth pieces to prepare Bolus or Pinda. Add equal quantity of milk in remaining part (1½ Prastha) of decoction which is to be used during the procedure.

3. *Preparation of Āmalki Kalka*

   Āmalki is to be used during procedure for "Taladhāraṇa".

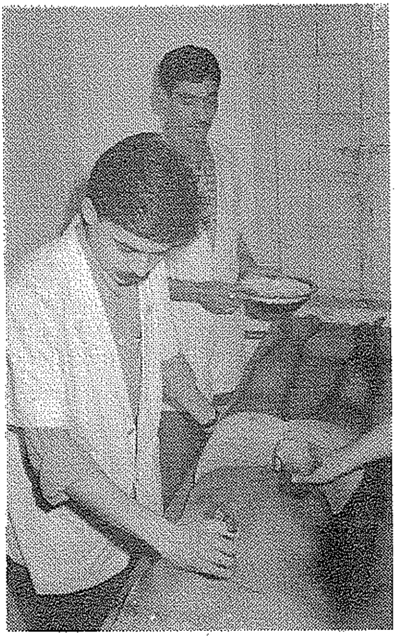
On the previous night of 'Pinda Sveda' take 10 Tolās of Āmalkī Powder and mix it with 20 Tolās of butter milk and heat it properly to become thick, cool it & preserve it.

4. *Preparation of Patient*

Prior to main procedure of Pinda Sveda, Abhayaṅga or Massage of head and body should be performed with Kṣīrabalā Tail or Candanabalā Lākṣādi Taila etc. and Dhānwantara Taila or Sahacarādi Taila etc. respectively. After ½ hour of massage, Āmalkī Kalka should be applied over anterior fontanelle of head. It is termed as "Taladhāraṇa". After this the patient is prepared for main procedure.

5. *Procedure*

Ask the patient to lie down on his back on the Droṇi on massage table. Now two attendants on each of the two sides perform procedures systematically one on upper and the



Patra Pinda Sveda in a patient of Muscular Rheumatism

other on lower parts of the body. Similarly two other attendants work on the other side of the body. The decoction and milk is kept on stove on a mild fire and 8 boluses are kept in the above mixture. 5th attendant supplies the boluses from warm decoction pot and replaces it with the used ones. Thus, at a time 4 boluses should always be kept in decoction and other 4 are used for massaging the body by the four attendants. The Pinda Svedana must be performed in 7 postures of massage for 10-15 minutes in each posture. All the four massageurs should work in coherent and uniform rhythmicity. The entire body is fomented in seven postures as described below—

Posture 1— Sitting with legs extended on 90° keeping the hands on the two sides. This posture is used specially for massaging the legs & the back.

Posture 2— Lying down in supine position for fomentation and massage of the front part of the body.

Posture 3— Lying on the right side of the body.

Posture 4— Lying on abdominal side for massage on full back & posterior parts of the body.

Posture 5— Lying on left side of the body

Posture 6— Lying down on back in supine posture as in posture no. 2.

Posture 7— Sitting with legs extended on 90° keeping the hands on sides as in Posture 1.

Total time consumed for giving massage and fomentation is from 1-1½ hours. This time duration may be increased or decreased according to the need of the patient and the disease. After completing the Pinda Sveda, open the boluses and apply Śaṣtika Rice on the body of patient for 5-10 minutes.

6. *Pascāta Karma*

The leaves of the Coconut or Castor plant are used to remove the paste of Śaṣtika rice from the body of the patient.

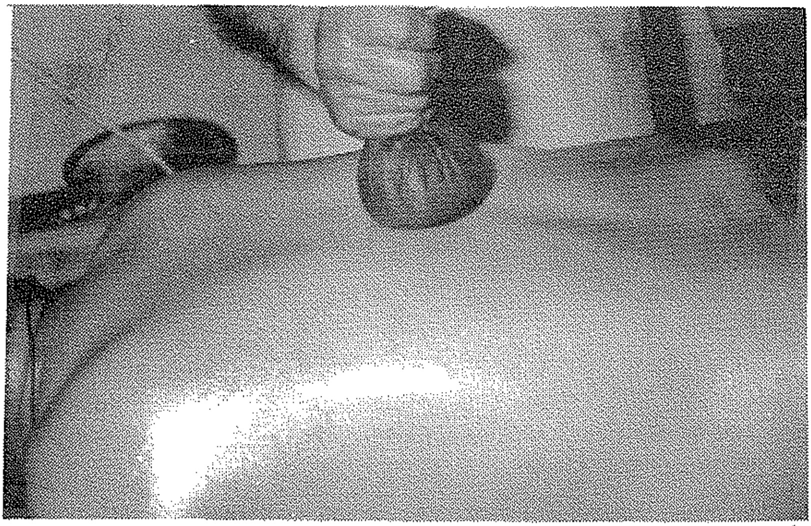
Afterwards the patient is advised to take luke warm water bath. No hot water bath is given for the head.

This therapy is given daily or on alternate days. Depending upon the nature of the disease Pinda Sveda Therapy may be continued for 7, 9, 11, 14, 21 or 28 days.

Types of Pinda Sveda

On the basis of medications used for preparation of bolus, Pinda Sveda can be classified in following manner—

1. *Pachakizhi* or *Patra Pinda Sveda*—Leaves of Aṛk (Calatropis), Castor (Ricinus communis), Nirgundi (Vitex nigundo), and Dhattura (Atropa belladona) etc. are used for preparation of bolus.
2. *Podikizhi*—Horse grain, black gram, gingly seeds or venthayam seeds are used for preparation of bolus.
3. *Māmsa Kizhi*—Māmsa (meat) of various animals is used to prepare bolus.



Nirgundi Patra Pinda Sveda in a patient of Āmavāta (Rheumatoid Arthritis)

4. *Cūrṇa Pinda Sveda*—Bolus is prepared from dry powders of different herbs, like Pañca Kola Cūrṇa.

Advantages of Pinda Sveda or Navarākizi

1. Relieves tiredness, depression, drowsiness & insomnia.
2. Stimulate Koṣthāgni, thereby promotes Dīpana & Pācana.
3. Relieves Āma Doṣa
4. Cleanses microchannels (Srotasās)
5. Improves lusture of skin
6. Body becomes soft & delicate
7. Stiffness of joints disappears & mobility is restored
8. Strength of body is improved
9. Produces early good quality results.

3. KĀYĀ SEKA OR PIZHICHIL

It is the most popular amongst Keralīyā Pañca Karma therapy. This procedure provides simultaneous Senhana and Svedana. In Hindi this is called as Kāyā Seka or Taila Seka. In local Malayalam language it is termed as Pizhichil, Mukki Pidiccila or Pidinjupa-Karcca. Kāyā Seka is the specialised procedure in which whole body is oleated and fomented with luke warm medicated oils. In Āyurved also warm oil bath is indicated for the treatment of Vāta Vyādhis. But it is not described in details. There is reference of luke warm Ghṛta bath and sleeping in Taila Droṇi for patients of Stambha, Ākṣepa, Śūla, Ardita etc.

(Aṣtānga Hṛdya Sūtra 21)

Suśuruta has also described medicated oil bath in the context of Vāta Vyādhi and Vṛṇa. Caraka has also mentioned the use of oil Bath in Vāta Rakta. Kāyā Seka is good for external Snehana of the body. The oils and medicaments used for Kāyā Seka are selected with due consideration of Doṣās and Vyādhi, and the Prakṛti (Constitution) of the patients.

Indications of Kāyā Seka

It is indicated in conditions where Snehana is indicated, like—

(i) Cachexia (Śoṣa Roga)

(ii) Paralysis (Pakṣāghāta)

(iii) Hemiplegia (Pakṣavadha)

(iv) Frozen Shoulder (Avabāhuka)

(v) Hysterical Fits (Apatantraka)

(vi) Pasalysis of tongue (Jihwā Stambha)

(vii) Sciatia (Gridhrasi)

(viii) Hypertension (Rakta Vāta)

(ix) Facial paralysis (Ardita)

(x) Motor Neuron diseases

(xi) Ankylosing spondilitis

(xii) For promotion of health.

Contra-Indications of Kāyā Seka

(i) Febrile conditions

(ii) Rheumatoid Arthritis (Āmāvasthā, Āmavāta)

(iii) Skin diseases (Eruptions and inflammatory lesions)

(iv) Oedema

Standard Procedures of Kāyā Seka

1. *Collection of Instruments and Materials*

(a) Droṇi / Massage table

(b) Cloth pieces

(c) Pots

(d) Medicated oils

(e) Heater or gas stove

2. *Preparation of Patient*

On an auspicious day and time after Swasthi Vācana ask the patient, who has already undergone external purification, to sit in a droṇi keeping his face towards east.

3. *Procedure*

Now 4 attendants are asked to sit comfortably, two on each side of the patient, one above the navel and other below the navel of the patient on either sides. All the four attendents are asked to apply oil of uniform temprature with uniform pressure on the respective parts of the body simultaneously. A Pottali (bolus) of folded cloth piece well-soaked in Seka Dravya (Medicated oils) is used for applying Seka all over the body by left hand of the attendant, who uses his right hand to strain the material moving the hand downwards rapidly and repeatedly. Such a Seka applied methodically and systematicaly produces uniform heat energy and pleasure throughout the body. The fifth attendant goes on collecting the Seka Dravya overflown in the Droṇi, and goes on re-adding the same to the original pot containing the Seka Dravya lying on a stove for constant heating. Massage of the body has to be done in Anuloma directions i.e. in the direction of hair.

Seven postures of massage as discussed in Pinda Sveda are also to be used for the purpose of Seka and massage. Massage has to be done in each posture for 10-15 minutes; taking appx. 1 - 1½ hours for complete porcedure. In the end of the procedure the patient is asked to sit and his shoulders and the back is massaged vigorously. The procedure of Kāyā Seka can be continued for 14-21 days depending on the disease and the condition of the patient.

4. *Pascāta Karma*

After the main procedure the patient is advised to take a luke warm water bath. In addition the oils and the medicaments remaining on the body of the patient are to be removed with a towel. After the bath administer decoction of Śunthi or Jīrakādi

Kwātha to the patient. During whole course of the procedure the patient should follow the prescribed regimen for diet and life style.

It is advisable to prepare fresh oil for use every day. But in routine practice the remainder of the used oil on one day is reused the next day or even on the third day. But on fourth day it is essential to have fresh oil. The pattern is to be followed till the 21st day.

In some cases fresh milk is used for Kāyā Seka which should be changed daily. Milk Seka is not started directly but it should be started only after Sneha seka.

Complications of Kāyā Seka

Excessive or prolonged administration of Kāyā Seka may lead to following complications in the body of the patient –

1. Burning all over the body (Dāha)
2. Skin Eruptions
3. Fatigue
4. Hoarsness of voice
5. Joint Pains
6. Vomiting
7. Haemorrhage
8. Fever
9. Urticaria

Treatment of Complications

1. Immediately stop the procedure.
2. Ask the patient to do warm saline gargles and he should be given Nasya followed by Śunthi decoction.
3. In the evening the patient should eat boiled rice added with Pippalī.

4. Next day patient should be given Sneha Vasti.
5. On third day the patient should be given Saline Vasti. On 4th day the patient should be treated on the lines of Sneha Vyāpada.
6. On 5th day if the patient recovers, he should be put on the previous schedule of the therapy.

4. ANNA LEPA THERAPY

Annalepa means application of rice paste all over the body. It may be considered as a type of Upanāha or Pradeha in broader sense. Ācārya Caraka has also described about the application of paste of certain medicines in various disorders e.g. Vāta Rakta (Caraka Cikitsā 29/130-132). Probably with similar approach, Keralīyā Vaidyās have developed the Annalepa Therapy.

Indications for Annalepa

1. Sandhigata Vāta (O.A.), Vāta Rakta
2. Paralysis (Pakṣāghāta)
3. Motor Neurone Disease (Śoṣa)
4. Malnutritional States.

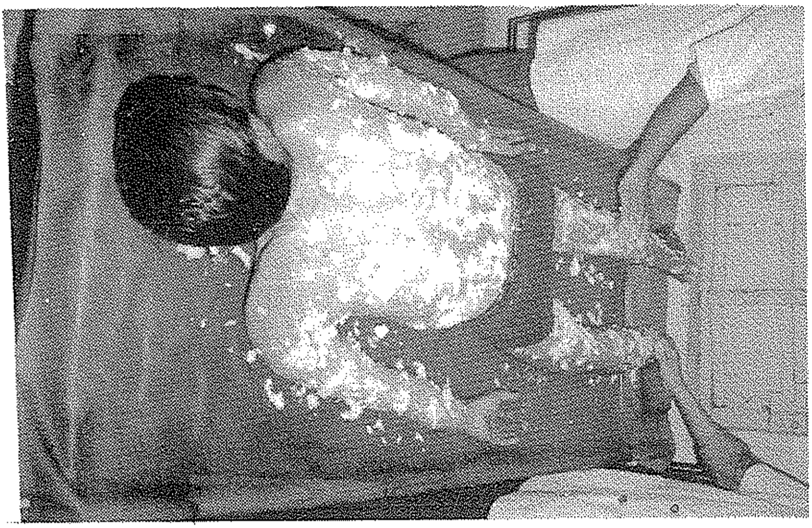
Standard Procedure of Annalepa Therapy

1. *Preparation of Annalepa*

   Medications used and procedure of preparation of Annalepa is similar to that of Pinda Sveda.

2. *Procedure*

   Ask the patient to lie on Droṇi/massage table and then apply oil on the head and body. Afterwards luke warm lepa of medication is applied on the whole body with the help of 4 attendants, which remain in the same position as described in Pinda-Sveda. When the lepa gets cooled, it is reheated and is applied again 3-4 times over the body of the patient (3-4 rounds of application of Lepa over the body). Some scholars



Annalepa in a patient of Śoṣa Roga (Motor Neurone Disease)

recommend oil massage over the body in Anuloma direction during the procedure. The Annalepa Therapy is also performed in 7 postures of Abhayaṅga for 7-14 days for about 1 to 1½ hours daily.

3. *Pascāta Karma*

After completion of the procedure, lepa is removed from the body with the help of Coconut leaves. Oil is applied again all over the body. It is advised to take luke warm water bath. This is followed by Sneha Pāna and light diet.

5. ŚIROLEPA

Śirolepa means application of medicated paste on the scalp. In Āyurvedic classics descriptions regarding use of Śirolepa in the management of "Ūrdhava Jatrugata Roga" is available. Caraka has described the use of Śirolepa of Candana, Kuṣtha and Ghṛta. Suśruta has also recommended use of Lepa and Pariṣeka of the head with Ghṛta preparations in cases of Pittaja and Raktaja

Śiro Roga. The same procedures are adopted in Keralīya Pañca Karma Therapy.

Indications of Sirolepa

1. Headache etc. (Śiro Rogās)
2. Facial Paralysis (Ardita)
3. Hemiplegia (Pakṣavadha)
4. Greying of Hair (Pālitya)
5. Balding (Khālitya)
6. Eye Disorders (Akṣi Roga)
7. Insomnia (Anidrā)

Standard Procedure of Śiro Lepa Therapy

1. *Prepartation of Lepa or Medication*

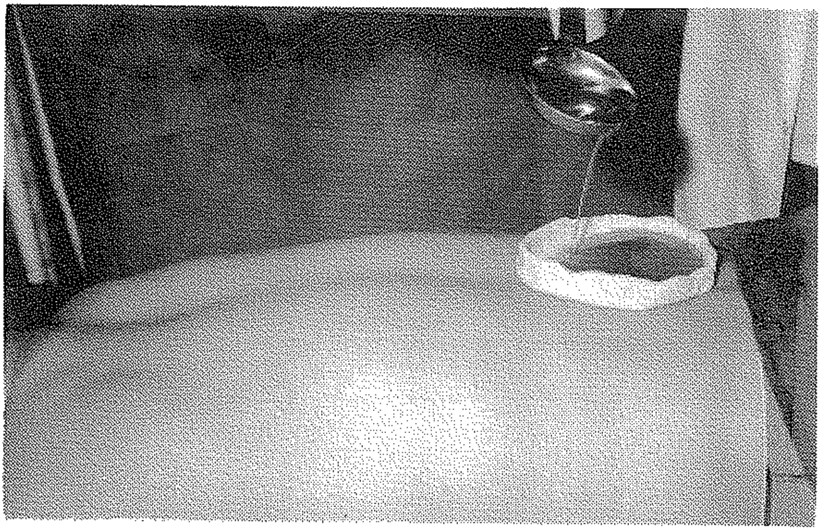
Take 250 gm. of Āmalkī Powder in an earthen pot and add only such quantity of water which is completely soaked up and no free water remains after overnight. Next morning the paste of Āmalkī is mixed with Takra and is boiled till it becomes thick. This paste is taken for use as lepa.

2. *Preparation of the patient*

Ask the patient to get her/his hair of the head removed prior to administration of Śirolepa. Massage the head and body of the patient with medicated oil.

3. *Procedure*

Apply the paste of Āmalkī or Medicated lepa on the hairy part of head in a thickness of 1/3 or 1/4 inch. After application of lepa head is covered with banana leaves. The lepa remains on the head for 1-1½ hours after which it is removed. The procedure may be conducted daily for 7-14 days according to the status of the disease and condition of the patient. After removing the paste, again apply oil on the body of the patient. Afterwards advise the patient to have a luke warm water bath.



Kati Vasti in a patient of Lumbago

Other Procedures of Keralīya Therapies

In addition to five components of Keralīya Pañca Karma Therapy, several other procedures are also being practiced in Kerala. A few such procedures are described below –

Application of medicated or non medicated oils to the head is called as "Murdha Tailam" which may be classified into following four types –

1. Abhayaṅga – It means mild massaging of the head with the help of medicated or non medicated oils.
2. Seka or Dhārā – It is the process of pouring medicated oils on the head in a specified manner.
3. Picu – Picu is the application of a piece of cotton on the top of the head, after dipping it in suitable medicated oil.
4. Śirovasti – Keeping the medicated oil, ghee, milk or decoctions on the head for a specific period with the help of especially designed 'cap' made of leather or suitable material is known as Śirovasti.

Chapter 11

Details of Some Important Instruments Used in Pañca Karma Therapy

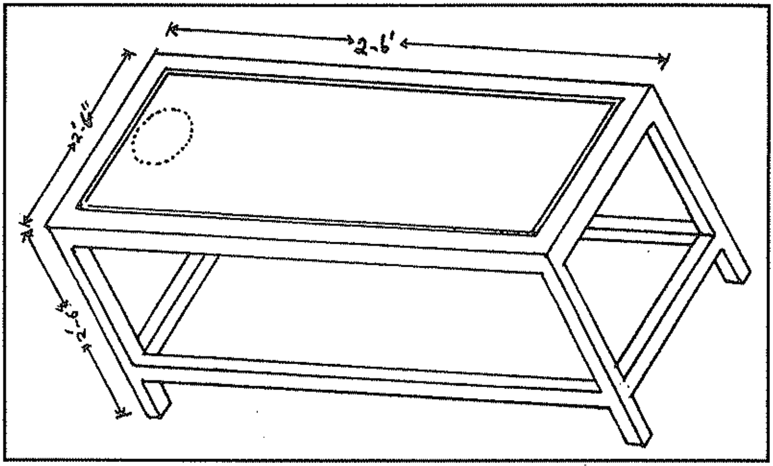
A number of instruments are needed for smooth and perfect conduction of various Pañca Karmās. Majority of these instruments are developed according to their descriptions and utility. Details of some important instruments, their manufacturing skills with specifications and their uses are described below. Following instruments are commonly used for various Pañca Karma procedures—

1. Massage Table (Abhayanga Table)
2. Steam Box- Sudation (Vāṣpa Swedana Yantra)
3. Bathing Tub (Avagāha Koṣataka)
4. Keralīya Massage Table (Taila Droṇi)
5. Procedure Table (Dhārā Table)
6. Śarāwa (Dhārā Pātra)
7. Oil Pot (Glanti)
8. Cap (Śirovasti Yantra)
9. Catheter (Vasti Netra)
10. Instruments used for Vaginal or Uretheral Vasti (Uttara Vasti Yantra)
11. Special chair used for Emesis (Vamana Pītha)
12. Special chair used for Nasya Karma (Nasya Pītha)
13. Scalpel (Kuthārika Śastra)
14. Trochar (Brihimukha Śastra)

Brief description of each instrument is given below—

1. **Abhayaṅga Table (Massage Table)**

It is made of wood used for making Droṇi or Sāgawāna wood. The table should be of atleast 6 feet in length, 2½ feet in width and 2½ feet in height. Table should have sunmica top to make is soft, smooth & slippery. There should be small holes in all the four corners of the table for collecting the residual oil left over the table after massage. On one side of the table there should be a hole of 6 inch diametre. The head of the patient should lie over this hole. This hole makes this table useful for Śirodhārā.



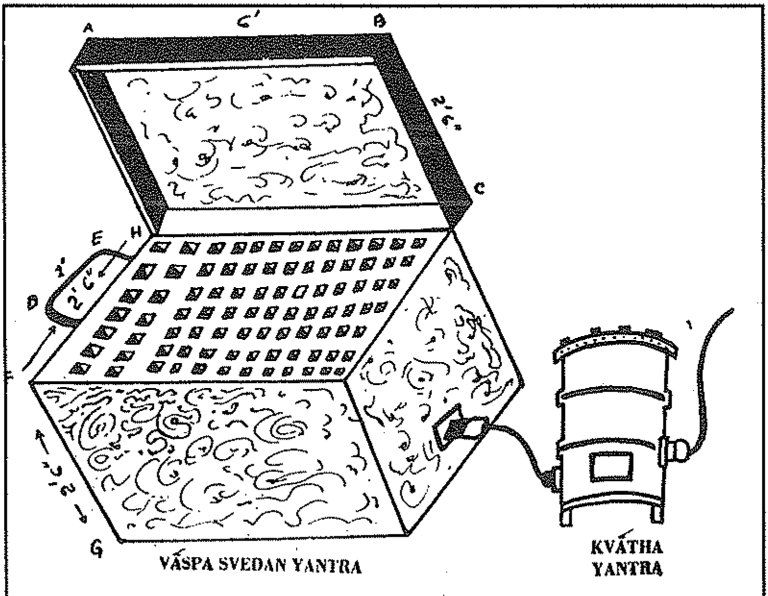
Abhayaṅga Table (Massage Table)

Uses. This table can be used for—

1. Massage, in sitting or lying down seven postures
2. Śirodhārā
3. Udavartana
4. Mardana
5. Lepana
6. Sanwāhana

2. Vāṣpa Swedana Yantra (Steam Box-Sudation)

This is a box like table made of wood used for generalised steam fomentation. Size of this Box like table is, length 6 feet, width 2½ feet & height 2 feet. On the top of the table is a wooden frame having holes of one square inch. A bed sheet is plaed over this frame & the patient lies above it with a blanket over his body. In the basement of the box is the provision to keep a gas stove or heater. A steel pot is put above the Gas Stove/heater which contains crude drugs & water. After applying heat for sometime the contents of the pot boil to produce medicated steam vapours. This steam induces sweat (Sudation/Fomentation). There is a provision that the neck & head of the patient may be ketp out side the box on a platform, 9 inches by 3 inches. The box may be closed. A piece of cloth dipped in cold water is to be ketp over the head of the patient during the procedure to avoid heat stoke to the patient.



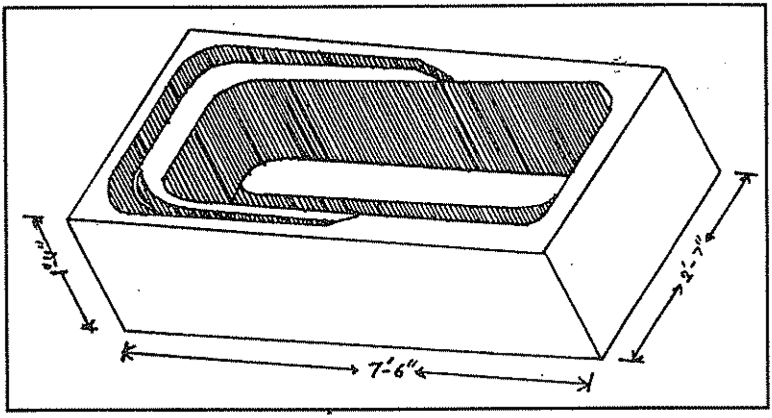
Vāṣpa Swedana Yantra (Steam Box-Sudation)

Uses

1. Generalised Steam Fomentation (Sarvāṅga Swedana)

3. Avagāha Koṣathaka (Bathing Tub)

It is sort of a bathing tub made up of Aluminium, Copper, Steel or Fiber Glass. It is 5½ feet long, 2½ feet wide and 16 inches high. It has a hole in the basement which should have one lid which can be placed or removed from its site as per the requirement.



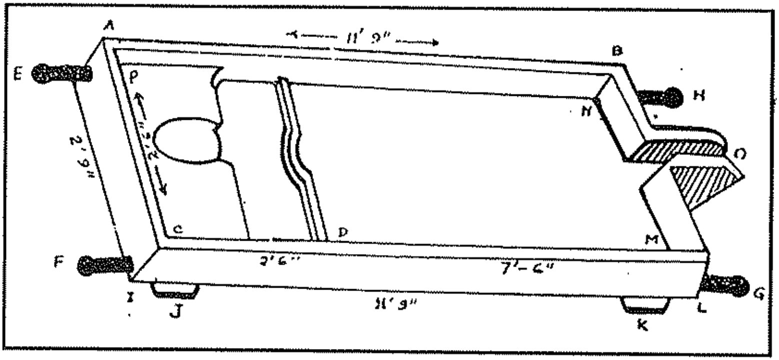
Avgāha Tub

Uses

This tub is filled with luke warm medicated decoction upto 12 inches. Patient is made to lie in it and he is given Avagāha Sweda.

4. Taila Droṇi (Keralīyā Massage Table)

This is a specialised instrument mainly indicated for adinistration of Pizhichil and Śirodhārā. Droṇi should be made of one piece wood or plastic fiber without any joints. Udumabara, Dewadāru, Aśoka, Āma, Nimba, Agnimantha or Sāgawāna wood may be used for preparing Droṇi. Droṇi can



Taila Droṇi - Keralīya Massage Table

also be made of fiber glass which could resist heat. The Droṇi should be 11 feet & 9 inches long, 2 feet and 9 inches wide. Both sides of Droṇi should be provided with handles of 2 inches diameter, two on either side. On the Droṇi a platform of 10 feet by 2½ feet should be elevated. The Droṇi should be divided into two compartments –

(i) Anterior Compartment or Head Compartment—It should be 2½ feet long and 2½ feet broad.

(ii) Posterior Compartment or Body Compartment—It should be 7½ feet long and 2½ feet broad.

These two chambers can be separated by a groove or a line. The Head Compartment should have a shallow space of 10 inches circumference and 6 inches depth. This space collects the medicated oils or decoctions which are residual after Śirodhārā or Abhayaṅga. This oil can be collected from this space and reused. The body compartment should have a slope, so that the medicated decoction or oils may be collected at one place after the therapy & reused again. This portion should have holes for easy drainage of residual medicaments.

The body of the Droṇi should be soft, smooth and slippery without any elevations or nails over it. 4 inches long four legs should be applied to Droṇi so that it may be placed comfortably on earth. This is a Droṇi particularly used in Keralīyā Pañca

Karmās. On either side of the Droṇi four attendants sit (Two on either side) to perform massage etc. Accessory materials to be used in Pizhichil or Śirodhārā may be kept over the body compartment.

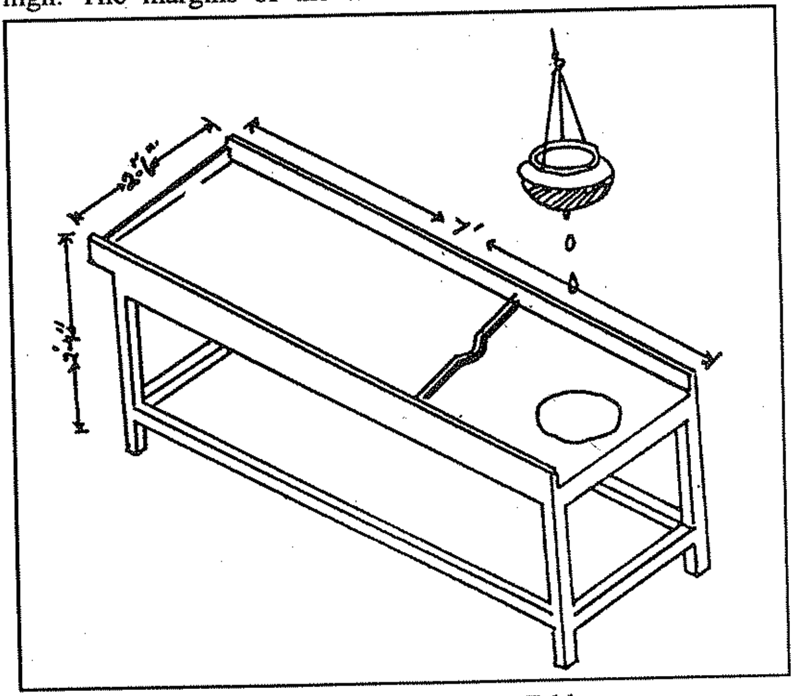
Uses

Droni is mainly used for –

1. Śirodhārā
2. Pizchichil

5. Dhārā Table (Procedure Table)

For Snehaha Dhārā or Śirodhārā Taila Droṇi may be used. Cheap, effective & more useful table may be made for Dhārā Karmāṣ. It should be 7 feet long, 2½ feet broad and 2½ feet high. The margins of the table should be elevated by three



Dhārā Table - Procedure Table

inches, so that the patient does not slip or fall down from the table during the main procedure. Similarly the elevated margins prevent the oil/kwātha or any other material used to fall out. Residual material can be collected and used again. Like Droṇi, this table should also be divided into two compartments with holes at appropriate places as described in Droṇi. It's uses are like Droṇi. The length is reduced which results in less cost involvement unlike Droṇi, which is comparatively very expensive.

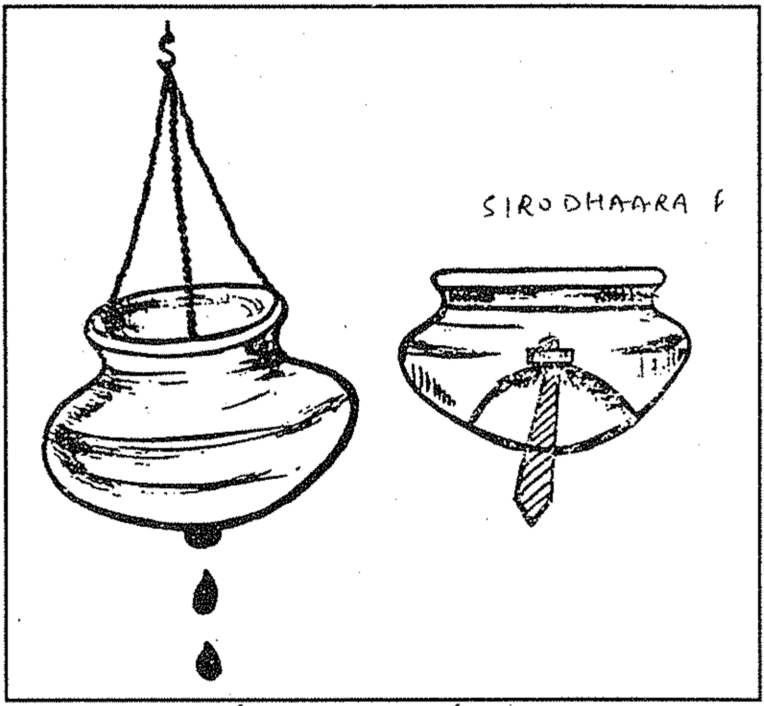
Uses

1. Similar to Taila Droṇi
2. Sneha Dhārā
3. Śirodhārā
4. Massage

6. Dhārā Pātra (Śarāwa)

The pātra or pot used for Śirodhārā is called as Dhārā Pātra. Dhārā Pātrā can be made of clay, wood or metals like copper, aluminium or steel. It is broader at mouth and narrower at bottom with 6-8 inches depth. This pātra should have a capacity of 2-2½ litres.

In the centre of the bottom of the Dhāra Pātra there should be a hole equal to the size of the central part of little finger. A halved ripe coconut shell with a hole in the bottom is placed inverted to the bottom of the pot in such a way that the hole of the coconut shell coincides with the hole in the bottom of the Śarāwa. A rod of 2-3 Aṅgula length is placed obliquely over the hole of the coconut shell. A well prepared thread Vartī is tied with rod and the other end of the Vartī is passed through the hole of the coconut shell and further through the hole in the bottom of the pot to hang below. This Vartī is 6 Aṅgula in length and is pointed downwards. When under use this Vartī is wet with the Dhārā Drava which easily trickles down slowly.



Śiro Dhārā Pātra (Śarāwa)

The neck of the Dhāra Pātra is tied with strong rope and is hanged from a hook above in such a way and such a height that the vartī of the Dhārā is only 2-3 Aṅgula above the head of the patient lying below to undergo the therapy.

Uses

Dhārā Pātra is used to drop uninterrupted stream of Dhārā Drava over the forehead / scalp of the patient.

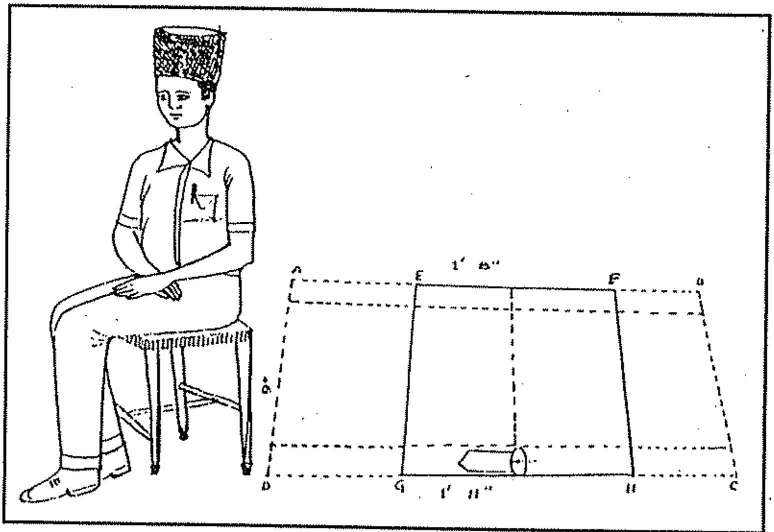
7. Glanti (Oil Pot)

This is a specialised pot used in procedures like Pizichil or Snehadhārā. It is made of Gold, Silver, Copper or Aluminium. It resembles flask. A hollow tube is attached with the main pot at 45° through which the oil/mediated decoctions are poured

over the body of the patient. Four attendants use four such pots for pouring oil over the body of the patient in Pizichil or Snehadhārā. Presently it is out of use. In place of it cloth pieces of 18 inches × 18 inches are used to pour oil over the body of the patient.

8. Śirovasti Yantra (Cap)

It is the dry skin of animals 9 inches broad. It is a flap strap having length of 23 inches at the base and about 20 inches at the top. This flap or strap is applied over the scalp of the patient. Now a days flaps/straps made of leather or plastic sheets or foam leather are also being used. This strap of leather/plastic should be soft, firm and without pores.



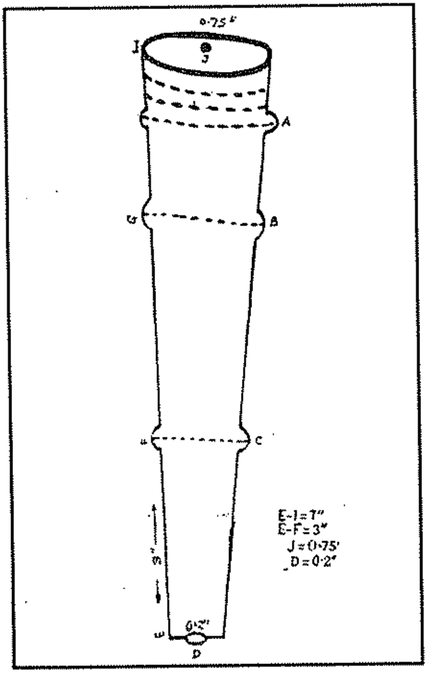
Śiro Vasti Yautra (Cap)

Uses

Śirovasti yantra is tied over the forehead of the patient with the help of a cloth piece. Black Gram flour mixed with water and made into a paste is used to seal this strap/flap (cap) from inside, on the head of the patient.

9. Vasti Netra (Catheter)

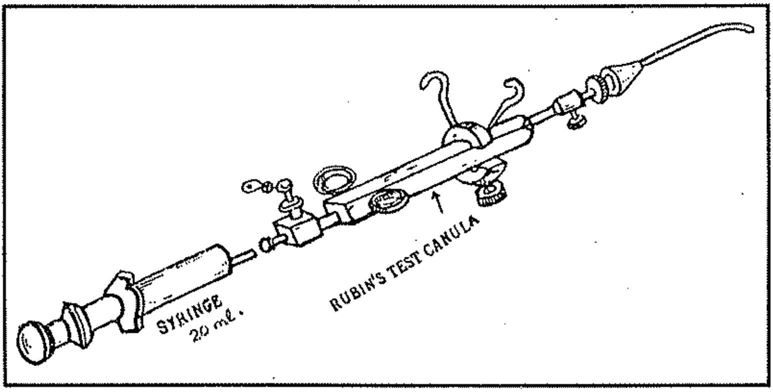
It is a metallic hollow tube on both sides, about 7 inches long. The aperture (hole) of Vasti Netra at the root part is about 0.75 inch diameter and at the other end it is around 2.2 inches in diameter. There are two ampulas over it, one at 3-4 inches from the root part (the part which is to be inserted into the rectum) and the other at about 1-1½ inch away from the first ampula. The first ampula prevents the Vasti Netra to be pushed into the rectum. In between the two ampulas the Vasti Putaka (bladder) is tied.



Vasti Netra (Catheter)

10. Uttara Vasti Yantra (Instruments Used for Vaginal or Uretheral Vasti)

Several instruments are used for administering Uttara Vasti.A few are described below –



Uttara Vasti Yantra
(Instrument Used for Vaginal or Uretheral Vasti)

(i) Volsellum Forceps—It is a toothed forceps which is used to catch hold of cervix without injuring it.

(ii) Uterine Sound—This is a straight tube like structure which is used to dilate the cervix and to trace the direction of Uterus.

(iii) Male and Female Catheters—These are of different sizes. Their average length is approximately 25 cm. (10 inches). These are made of metals, glass, plastic or rubber or elastic substances. Urinary catheters are numbered. Normally Urinary Cathers of Number 6 or 8 are used.

(iv) Uterine Canula—It is a 6 inch long metallic tube. It is attached with the syringe and with its help medicines are introduced in uterus.

These instruments should be used by a skilled and well trained person. Strict aseptic conditions should be maintained.

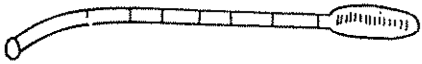
Uses

These instruments are used for introducing Uttara Vasti in females in Uterus/Bladder and in males in Urethra/ Bladder.

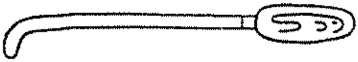
Different Types of Yantrās



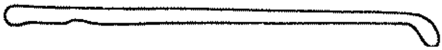
Volsellum Forceps



Sims Uterine Sound

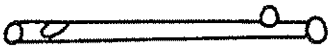


Bladder Sound

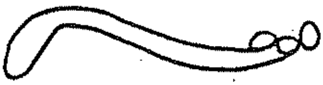


Bladder Sound

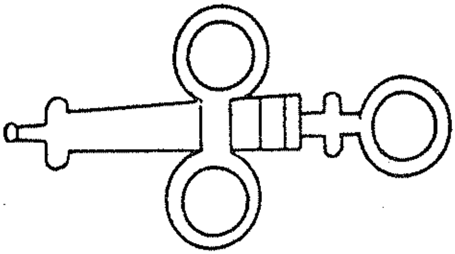
Different Types of Yantra Śastrās



Female Catheter



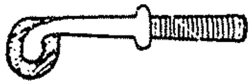
Female Catheter



Metal Syringe



Vasti Yantra



Kuthārikā Śastra



Brihī Mukha Śastra

11. Vamana Pītha (Special Chair used for Emesis)

This is a specially designed chair which is used for the procedure of Emesis. It is well filled with cushions on all sides with arms. At the back of the chair is one detachable platform which is used for resting neck during the procedure.

Uses

It is used in the procedure of emesis for making the patient to sit over it.

12. Nasya Pītha (Special Chair Used for Nasya Karma)

This is a specially designed chair used in the procedure of Nasya Karma. This chair is equipped with a back rest on which the patient puts his back. It is easier to administer Nasya Karma in this position.

13. Kuthārikā Śastra (Scalpel)

It is an instrument which resembles the tooth of cow. This is used for Venepuncture over bones. Knife or scalpel can also be used for Venepuncture in place of Kuthārikā Śastra.

Uses

Used for Raktamokṣaṇa by Venepuncture over bones.

14. Bṛhimukha Śastra (Trochar)

Uses

It is used for Venesection over fleshy regions, incising tumours, tapping for Ascitis and piercing abdominal tumours or abscesses.

Chapter 12

Disease-wise Indications and Contra-Indications of Pañcakarma Therapy

Pañcakarma Therapy or Śodhana Therapy is indicated almost in all the diseases. It is important to understand that Pañcakarmās can be advocated right from Pūrva Karmās to Vamana, Virecana, Vasti and Nasya therapy for the management of a particular disease or a particular Karma out of these five may be indicated for the management of that particular disease. Similarly it is mentioned in Āyurvedic classics that there are certain Pradhāna Karmās which should not be advocated in specific conditions as there may be lot of compliations.

Different types of Pañca Karmās indicated in the management of various diseases are not the complete treatment of that particular disease. As a matter of fact Pañcakarma Therapy should be employed in collaboration with Samana Therapy for the management of a disease.

A comprehensive list of indications and contra-indications of Pañcakarma Therapy in certain important diseases is described below for a prompt decision according to the underlying disease.

S.N.	*Disease*	*Pañcakarmās Indicated*	*Pañca Karmās Contra-indicated*
1.	Fever (Jvara)	Snehana (in Jīṇara Jvara), Svedana, Vamana, Virecana Anuvāsana Vasti Āsthāpana Vasti and Nasya Karma, Pariṣeka, Avagāha, Ghṛta Pāna	Snehana (in Nava Jvara), Vamana, Virecana and Vasti (in Nava Jvara), Nasya Karma (in Nava Jvara)

2.	Diarrhoea (Atisāra)	Vamana and Niruha Vasti specially Picchā Vasti	Snehana, Svedana, Virecana (Vagabhata) and Anuvāsana Vasti
3.	Irritable Bowel syndrome (Grahaṇī)	Snehana, Svedana Virecana, Anuvāsana & Āsthāpāna Vasti	
4.	Dysentery (Pravāhikā)	Picchā Vasti	Virecana
5.	Piles (Arṣa)	Snehana, Svedana, Vamana, Virecana, & Picchā Vasti	Anuvāsana Vasti, Āsthāpana Vasti, Vamana (Vāgbhata)
6.	Poor-digestion (Agni-māndya)	Vamana, Virecana	Snehana and Anuvāsana Vasti
7.	Indigestion (Ajīrṇa)	Vamana and Niruha Vasti	Snehana, Svedana, Virecana, Anuvāsna, Nasya Karma
8.	Helminthiasis (Kṛmi-Roga)	Virecana and Niruha Vasti	Snehana, Svedana, Vamana & Anuvāsana Vasti
9.	Jaundice (Kāmlā)	Virecana	Svedana and Anuvāsana Vasti
10.	Anaemia (Pāndu)	Snehana, Vamana (Caraka), Virecana	Svedana and Anuvāsana Vasti, Āsthāpana Vasti (Suśruta)
11.	Haemorrhagic diathesis (Rakta-Pitta)	Vamana in Adhoga Rakta pitta and Virecana in Ūrdhwaga Rakta pitta	Virecana in Adhoga & Vamana in Ūrdhawaga Rakta pitta & Svedana

12.	Chest-injury (Urahakṣata)	—	Svedana & Vamana
13.	Tuberculosis (Rāja Yakṣamā)	Vamana, Anuvāsana Niruha Vasti	Svedana, Virecana
14.	Cough (Kāsa)	Snehana, Svedana, Vamana, Virecana, Anuvāsana & Niruha Vasti	Nasya Karma (Vāgbhatta)
15.	Asthma (Śwāsa)	Snehana, Svedana, Vamana, Virecana, Anuvāsana & Niruha Vasti	Nasya Karma (Vāgbhatta)
16.	Hiccup (Hiccough) (Hikkā)	Snehana, Svedana Nasya Karma	—
17.	Hoarseness of Voice (SwaraBheda)	Snehana, Svedana, Vamana & Nasya	—
18.	Anorexia (Arocaka)	Vamana, Virecana	Snehana & Anuvāsana Vasti
19.	Vomiting (Chardi)	Virecana	Snehana, Vamana
20.	Thirst (Triṣnā)	—	Snehana, Svedana, Virecana, Nasya, Vamana
21.	Fainting (Murchā)	Nasya Karma	Senahana, Svedana, Vamana, Virecana and Vasti
22.	Neurological disorders (Vāta-Vyādhi)	Snehana, Svedana, Āsthāpan and Nasya	Vamana (Suśruta & Vāgbhatta)

23.	Paralysis (Paksāghāta)	Snehana, Svedana, Virecana, Anuvāsana Niruha Vasti	Vamana
24.	Confusion, Vertigo (Bhrama)	—	Snehana, Svedana, Vamana (Vāgbhatta)
25.	Coma (Sanyāsa)	—	Snehana, Svedaṇa, Vamana
26.	Alcoholism (Madātyaya)	—	Virecana, Anuvāsana and Āsthapāna Vasti
27.	Burning sensation (Dāha)	Snehana	Svedana
28.	Psychoses (Unmāda)	Snehana, Svedana, Vamana, Virecana, Anuvāsana, Āsthāpana Vasti. Nasya Karma	Āsthāpana Vasti (Suśruta)
29.	Epilepsy (Apasmāra)	Snehana, Svedana, Vamana, Virecana, (Caraka) and Tīkṣhṇa Nasya	—
30.	Gout (Vāta Rakta)	Snehana, Svedana, Virecana, Niruha Vasti, Rakta mokṣaṇa & Pariṣeka	Snehana and Anuvāsana Vasti (By some Ācāryās)
31.	Myopathies (Urustambha)	—	Pañca Karma Contra-indicated
32.	Rheumatoid Arthritis (Āmavāta)	Rukṣa Sveda, Vaitaraṇa Vasti (described in "Cakraduttā" by Cakrapāṇi)	Snehana

33. Abdominal Colics (Śūla)	Svedana, Anuvāsana and Niruha Vasti	—
34. Reverse Peristalsis (Udāvarta)	Virecana & Niruha Vasti	Vamana
35. Obstructive enteropathy (Ānāha)	Snehana, Svedana and Virecana (Suśruta)	—
36. Abdominal tumours, Lumps (Gulma)	Snehana, Svedana, Vamana (in Vātika Gulma), Virecana and Kṣīra Vasti	Vamana in Paittika Gulma, Āsthāpana Vasti
37. Cardiac disorders (Hridaroga)	Virecana, Anuvāsana, Niruha Vasti, Vamana (Suśruta)	Snehana, Svedana and Vamana, Virecana (Vāgbhatta)
38. Dysurias (Mutra Kṛcchra)	Snehana, Svedana, Anuvāsana and Niruha Vasti	—
39. Anuria (Mutraghāta)	Virecana, Anuvāsana and Niruha Vasti	Vamana
40. Urinary Lithiasis (Aśmarī)	Snehana, Svedana, Anuvāsana & Niruha Vasti	—
41. Urinary Syndromes (Prameha)	Vamana, Virecana and Āsthāpana (Tikta dravya Sādhita)	Snehana, Svedana Anuvāsana Vasti, (Suśruta)
42. Lipid-disorders (Medoroga)	Vamana and Niruha Vasti (Lekhana Vasti indicated in Caraka	Snehana, Svedana (Aṣtānga Hṛdya) Virecana

		& Suśruta Samhitā) Vamana (Aṣṭānga Sangraha)	and Anuvāsana Vasti
43.	Abdominal Syndromes (Udara Roga)	Virecana, Niruha Vasti and Anuvāsana (in Plīhodara)	Snehana, Svedana, Vamana & Anuvāsana
44.	Oedema (Śotha)	Snehana, Svedana, Vamana (Caraka) and Virecana	—
45.	Tumours (Vriddhi)	Snehana, Anuvāsana and Niruha Vasti	Svedana
46.	Goitre (Galaganda)	Vamana, Virecana	Snehana, Svedana and Anuvāsana Vasti
47.	Generalised lymphadenitis (Gandamālā)	Vamana, Virecana	Snehana, Svedana Aṇuvāsana Vasti
48.	Cervical Lymphadenitis (Apachi)	Vamana, Virecana	Anuvāsana Vasti
49.	Cyst (Granthi)	Svedana, Virecana, Vamana (Vāgbhatta)	Snehana
50.	Filariasis (Ślīpada)	Vamana and Virecana	Anuvāsna Vasti
51.	Abscess (Vidradhi)	Virecana (Suśruta), Vamana (Suśruta)	—
52.	wounds (Vraṇa)	Virecana and Vraṇa Vasti (in Suśruta Samhitā)	—
53.	Fistula in Ano (Bhagandara)	Svedana, Virecana Anuvāsana and Niruha Vasti	Snehana

54.	Gonorrhoea, soft Chancre (Upadanṣa)	Anuvāsana & Niruha Vasti	
55.	Leprosy, Skin Disorders (Kuṣtha)	Snehana (in Vātika Kuṣtha), Vamana, Virecana, Niruha and Nasya	Svedana, Anuvāsana Vasti
56.	Hyper-acidity (Amla Pitta)	Vamana, Virecana and Kṣīra Vasti	Snehana, Svedana and Anuvāsana Vasti
57.	Erysepalis (Visarpa)	Vamana, Virecana	Svedana (Caraka)
58.	Diseases of mouth (Mukha Roga)	Svedana, Vamana & Nasya	Snehena
59.	Diseases of ear (Karṇa Roga)	Nasya	–
60.	(a) Jīrna Pratiśayāya	Snehana, Svedana Vamana & Nasya	Virecana, Anuvāsana Vasti
	(b) Nava Pratiśayāya		Nasya Karma
61.	Timira (Netra Roga)	Snehana, Virecana, Anuvāsana, Asthāpana and Nasya Karma	Svedana and Vamana
62.	Diseases of Head (Śiro Roga)	Snehana, Svedana & Nasya Karma	Vamana Karma
63.	Metro-rrhagia (Asṛgadara)	Snehana	Svedana

64.	Vaginal Disorders (Yoni Vayāpada)	Vireçana, Snehana Anuvāsana, Niruha Vasti	—
65.	Still birth (Mūḍa) Garbha	Snehana, Svedana, Anuvāsana, Niruha Vasti	Virecana
66.	Diseases of Puerperium (Sutikā Roga)	Svedana, Niruha Vasti	Snehana, Virecana, Nasya (Vāgbhatta)
67.	Lactational Disorders (Stanya Duṣti)	Snehana, Svedana Vamana, Niruha Vasti	—
68.	Poisoning (Viṣa Roga)	Vamana, Virecana	Snehana, Svedana & Anuvāsana Vasti
69.	Gastro-enteritis (Visucikā)	Vamana, Virecana	—
70.	Intestinal Obstruction due to Acute, massive indigestion (Alasaka)	Vamana, Virecana	—

Glossary

1. Abhiṣyandi : To flow, To trickle, Kapha Doṣa Prakopaka
2. Abhuktabhakta : One who has not eaten
3. Abhyaṅga : Oil massage
4. Ābhyāntara : Internal
5. Ācāra : Conduct, manner of action
6. Accha - Sneha : Pure fat, oil, Ghee
7. Ādhamāna : Flatulance
8. Adhiṣthāna : Site, organ or system in the body
9. Agni : The element of universal organizing principle of conversion, light and heat
10. Agni - Dīpaka : which is said to stimulate digestion
11. Agnimāndya : Dyspepsia, loss of appetite
12. Agni Svedana : A procedure used to promote sweating and dilation of channels through heating the body.
13. Āhāra : Food
14. Ajīrṇa : Indigestion
15. Akāla : Untimely, out of an apropriate time
16. Ākāśa : The element and principle of space
17. Ākṣepa : Convulsions
18. Akṣiśūla : Pain in eye
19. Āma : The toxic residue of undigested food that is the source of many diseases in the body
20. Āmāśya : Stomach
21. Anabhiṣyandi : Which doesnot flow or trickle, which is not Kapha Doṣa Prakopaka
22. Anāgni : Without direct contact of fire
23. Angasuptī : Sensory loss of a particular part of the body
24. Aṅgula : finger
25. Anjana : Black pigment or collyrium applied to the eyelashes or the inner coat of the eye lids

26. Anulomana : The aspect of gastrointestinal activity concerned with proper elimination.
27. Anupāna : Drink taken with or after medicine
28. Anuvāsana : An oily enema
29. Apāna Vāyu : A type of Vāta Doṣa which deals with elimination of waste
30. Apasamāra : Epilepsy
31. Apatantraka : Spasmodic contractions of body, a kind of Vāta Roga
32. Arbuda : Tumour
33. Ardita : Facial paralysis
34. Aṛka : Calatropis procera
35. Arṣa : Haemorrhoids
36. Aruci : Anorexia
37. Aśmari : Calculus
38. Asnigdha : Dry
39. Asthāpana : A decoction based enema
40. Asthi : A bone, Asthi Dhātu
41. Asātmya - Indriyārtha - Saṃyoga : The improper use of the senses
42. Ātmā : A universal intellegence of nature, Soul
43. Ātapa : Sun light
44. Atisāra : Diarrhoea
45. Atiśūla : Severe pain, acute pain
46. Atisnigdha : Excessively Unctuous
47. Atisnigdha - Āhāra : Excessively unctuous food
48. Atiyoga : Excessive application or use
49. Ātura : Diseased, Patient
50. Auṣadhi : Medicine, drug
51. Avapiḍana Nasya : Herbal mixtures crushed and squeezed into nostrils
52. Avabāhuka : A type of Vāta roga affecting an arm
53. Avaleha : The substance which can be taken by licking or lapping, a paste like preparation
54. Avapīḍana : The act of putting extract of the drug (juice) or paste into both nostrils
55. Avara : Minimum

56. Avipāka : Undigested
57. Ayoga : Inappropriate use (of senses)
58. Āyu : Life span
59. Āyurveda : The science of life (health) and medicine
60. Āyurvedic : Pertaining to Āyurveda
61. Āyuṣya : Life span promoters
62. Bāhya : External
63. Bhaya : Fear, dreaded
64. Bheda : The sixth stage of disease manifestation
65. Bhedana : Breaking, piercing, dividing
66. Bhrama : Giddiness, Dizziness
67. Bhutās : The five elements
68. Bṛmhaṇa : Producing strength, nourshing
69. Chardi : Vomiting
70. Caraka : One of the great and founder scholars of Āyurveda
71. Dāha : Burning sensation
72. Dantaśūla : Toothache
73. Daurbalya : Weakness
74. Dīpana : Digestion stimulant
75. Dhātus : The seven retainable substances, bodily tissues
76. Dhūma : Smoke
77. Dhātvāgni : Constitutional element (Agni) of bodily tissuses
78. Dinacaryā : Daily regimen
79. Doṣa : Three Biological humours of the body e.g Vāta, Pitta, Kapha
80. Dravya : Liquid
81. Dravya : Matter, Drugs
82. Dvandaja : A condition where two Doṣās have an equally dominant influence in production of disease
83. Ekāṅga : Pertaining to an organ or a part of the body
84. Eranda taila : Castor oil
85. Galaganda : Goiter
86. Ganduṣa : Filling of mouth with medicinal liquid
87. Gaurava : Heaviness
88. Gati : Mobility

89. Ghṛta : Clarified butter
90. Grahaṇi : The small intestines or that part of the alimentary canal where the bile assists digestion and from which vital warmth is diffused
91. Granthi : swelling and hardening of the vessels of the body.
92. Grīṣma Ṛtu : Summer season
93. Gridhrasi : Sciatica
94. Guṇās : The three phases of activity in creation as well as the three qualities of the mind
95. Hīna Mātrā : low dose, minimum dose
96. Hṛdroga : Heart Disease
97. Hṛsva : smaller, less
98. Hrasvamātrā : Smaller quantity
99. Indriya : Sensory and functional organs
100. Indriya Prasannatā : Happiness of sense organs, Better coordination of Sensory organs
101. Jalamahābhūta : Watery element, one of five elements which is present in the human body
102. Jalaukā : Leech
103. Jalaukāvacārana : Application of leeches
104. Jaggery : Dried, unprocessed sugarcane juice
105. Jāngama : Animal, pertaining to the animal
106. Jātharāgni : Digestive fire
107. Jīrṇtā : Old age
108. Jvara : Fever
109. Kāla Vasti : A type of Vasti according to their number
110. Kalka : Paste
111. Kāmalā : Jaundice
112. Kampa : Tremor
113. Kapha : One of the three Doṣās
114. Karma : Procedure
115. Karma Vasti : A type of Vasti according to their number
116. Kati Vasti : Localized application of medicated oil used in the region of the back
117. Karnikā : Ampula
118. Karṇapūraṇa : Filling the ear with medicated liquid

119. Kāyacikitsā : General medicine
120. Kāyākalpa : Specific rejuvenation procedure
121. Klama : Fatigued, exhausted
122. Kleda : Wetness, moisture
123. Klinna : Moistend
124. Koṣtha : Any one of the visceras of the body, Abdominal Cavity
125. Kṛyākāla : Stages of manifestations of disease
126. Kṛta-yuṣa : Accomplished soup, soup mixed with unctuous substance
127. Krodha : Anger
128. Krūrakoṣtha : Costive bowels
129. Kṣāra : Alkaline substance
130. Kṣīra : Milk
131. Kṣata-Kṣīṇa : Debilitated due to injury
132. Kṣudhā : Hunger
133. Lāghava : Lightness
134. Laghu : Light in digestion
135. Laingikī : Based upon characteristic marks / features
136. Lālāsrāva : Salivation
137. Lavaṇa : Salt
138. Lekhana : Scratcing, Antilipidaemic
139. Lepa : Anointing, smearing
140. Mada : Fainting, out of Sensory Control
141. Madanphala : Randia dumetorum
142. Madhu : Honey
143. Madhya : Middle
144. Madhyakoṣtha : Neither costive nor too loose bowels
145. Madhyamabala : Moderate strength
146. Mahābhutās : Five basic elements viz. Prithvi, Jala, Teja, Vāyu, Ākāśa
147. Mahā-srotās : G.I.T.
148. Maithunaprasakta : Tired by cleaving copulation
149. Mala : Waste products of the body
150. Mānda : The scum of boiled rice
151. Mandāgni : Weak digestion
152. Manda Doṣa : Weak biological humours

153. Majjā : The Dhātu or bodily tissue of bone marrow
154. Māmsa : The Dhātu or boidly tissues of muscles
155. Manasa : The mind
156. Marma : Sensitive points which represent a greater concentration of the body's vital force in that area
157. Marśa Nasya : Repeated introduction of medicated oils into the nostrils used to clean, lubricate and strengthen the mucous membranes
158. Mātrā Vasti : A small self administered oil Vasti that can be used at any time of the day, most commonly used to reduce the Vāta-aggravating effects of travel, exercise and stress.
159. Marica : Strychnos potatorum, Piper nigrum
160. Māṣa : A bean, Phaseolus mungo
161. Māstiṣkya : Any medicine or substance acting on brain
162. Māttrā : Dose, measure
163. Medasvi : Obese
164. Meda : Fat
165. Medo-Dhātu : One of the seven Dhātus
166. Medo-Roga : Obesity
167. Mūrchā : Unconsciousness, Fainting
168. Mridu : Soft, delicate
169. Mridu Koṣtha : Bowels easily affected by medicines
170. Mridutā : Softness, Tenderness
171. Muhūrta : Any short space of time, a period of 48 minutes
172. Mukhasrāva : Flow of salivation from Mouth
173. Mukharoga : Diseases of mouth
174. Nābhi : The Navel
175. Nāḍi : Tubular stalk, vein, artery, nerve
176. Nāḍi Sveda : Steam fomentation through tubes
177. Nakha : Nails
178. Nāsāsrāva : Nasal discharge
179. Nāsātarpaṇa : Drinking by Nose, Strengethening Nose
180. Nasya : Errhines
181. Navajwara : Acute fever
182. Nāvana : A type of Nasya

183. Netra : Instrument used for Vasti
184. Nidrā : Sleep, sleepiness
185. Nirbala : weak
186. Nirūha : Decoction based enema
187. Nirudha : Closed, obstructed
188. Niryāsa : Resin, gum
189. Oja : Bodily strength, vigour
190. OjaKṣaya : Depletion of ojas
191. Pācana : Digestion
192. Pācaka Pitta : The metabolic functions occuring in the small instestine, A type of Pitta Doṣa
193. Pakvāśayagata Vasti : Vasti administered through the rectum
194. Pañcakarma : The five major purificatory procedures and adjunct therapies for purifying, cleansing and rejuvenating the body.
195. Pañcamahābhūta : The theory of five elements
196. Pariṇāma : One of the three major causes of disease, in relatoin to time or Season
197. Pāda : The foot
198. Pādāghāta : Massage with feet
199. Pāndu : Anaemia
200. Pārśvaśūla : Pain in flanks / Chest
201. Patra : Leaf
202. Pāya : Water
203. Pāyasa : Preparation of milk and rice
204. Pīnasa : Coryza
205. Pīta-madya : One who has taken wine
206. Pīta-Sneha : One who has taken Sneha (Fat
207. Peyā : Rice soup
208. Phala : Fruit
209. Phānta : An infusion
210. Phenilavamana : Froathy Vomiting
211. Pichchila : Slimy
212. Picu : Cotton swab dipped in oil
213. Pindasveda : Hot poultice, Svedana with Boluses containing drugs in paste form

214. Pidikā : papule
215. Pipāsita : Thirsty
216. Pittahara : To pacify the Pitta Doṣa
217. Pitta-Roga : Diseases caused by vitiated Pitta Doṣa
218. Plīhadoṣa : Disorders of spleen
219. Pūrṇa-Nasya : Fullfilled sternutatories
220. Pūrva karma : Preliminary procdures, Pre-operative Procedures
221. Pūrva Rūpa : Prodromal symptoms
222. Prabhāva : Special effects of the drug
223. Pradhamana : Blowing into nose as powder
224. Pradhāna Karma : Main procedures
225. Prakopa : Vitiation
226. Pramaṇayukta-Āhāra : Balanced diet
227. Prameha : Diabetes, Urinary syndromes
228. Prasara : one of the six stages of manifestations of disease
229. Prastara : Extend, utter word, stone
230. Prathama mātrā : First dose
231. Pratikāra : to oppose, to alleviate
232. Pratimarśa : Repeated application of medicated oil to the nostrisl with the tip of the little finger to soothe dry mucous membranes and to protect against air borne allergens
233. Pratiṣyāya : Coryza
234. Pravara ; Greater, larger
235. Prayogika : Applied
236. Pragyāparādha : The mistake of the intellect
237. Prakriti : The psychosomatic constitution
238. Praṇa : Life force or vital force
239. Praṇa Vāyu : The sub-Doṣa of Vāta which governs functions and intake of air, water and food
240. Prithivi : The earth element
241. Purīṣa : Faecces
242. Puṣpa : Flower
243. Rājas : One of the two Doṣās of Mana (Mānasa Doṣa)
244. Rājayakṣamā : A disease, Tuberculosis

245. Rakta : The Dhātu or bodily tissue of blood
246. Raktamokṣaṇa : Therapeutic bood letting
247. Ranjaka Pitta : The metabolic function associated with the liver, A type of Pitta
248. Raktasrāva : Haemorrhage
249. Rasa : The Dhātu or bodily tissue of plasma or nutrient fluid, (First Dhātu)
250. Rasāyana : One of the branches of Āyurveda which deals with rejuvenation (Geriatrics)
251. Rasāyana Vasti : A type of Vasti which has a rejuvenative influence on all the Dhātus
252. Recana : Purgation
253. Ṛtu : Season
254. Ṛtucaryā : Seasonal regimen
255. Roga : Disease
256. Rogamargās : Path ways of diseases
257. Rogotapādaktā : Productivity of diseases
258. Rukṣa : Dry
259. Rukṣagātra : Dryness in the body
260. Rukṣabhojana : Dry food
261. Rukṣa Bheṣaja : Dry Medicine
262. Saindhava : Rock salt
263. Samāna Vāyu : The sub-Doṣa of Vāta which governs the metabolism and distribution of nutrients in the body
264. Samsarjana Krama : The graded diet administered after the main procedures of Pañca Karma
265. Sancaya : The first stage of disease manifestation
266. Sattva : The creative phase of the mind, one of the three Guṇās or phases of activity in creation
267. Śamana Vasti : A therapeutic administration of medicated oil or decoction through the rectum to reduce irritation in the colon
268. Śamana Cikitsā : One of the two primary methods of disease management whose purpose is only to palliate the symptoms of disease
269. Śamana Nasya : A therapeutic administration of herbalized oil into the nostrils to soothe the sinus zone.

270. Śārira : The human body
271. Śāririka : Pertaining to the body
272. Ṣada Kṛya Kāla : The six stages of disease manifestation
273. Śirovasti : Medicated oil administered to head with the help of a cap
274. Śiraha Śūla : Headache
275. Śirāmokṣaṇa : Blood letting
276. Śiraha Seka : Fomentation of head
277. Śirobhyanga : Massage of head
278. Śiroroga : Diseases of head
279. Śirovirecana : Errhines/Nasya
280. Śoka : Sorrow
281. Śoṣa : Depletion of Dhātus
282. Śodhana Cikitsā : One of the two primary methods of disease management whose focus is to eliminate the sources of disease from the body
283. Śodhana Nasya : A therapeutic administration of medicated oil into the nostrils to eliminate toxins from the paranasal sinuses zone.
284. Śukra Dhātu : The male reproductive tissue of the body, Semen
285. Śirā : Vessels of the body e.g. artery, vein
286. Smriti : Memory
287. Snigdha : unctuous, smooth
288. Snehavasti : Oily enema
289. Sravana : To secrete
290. Sransana : Laxative
291. Śringa : Horn
292. Srotośuddhi : Purification of micro circulating channels of the body
293. Srotasa : Microcirculating channels of the body
294. Srotovarodha : Obstruction in Srotasa
295. Stambha : Stiffness, rigidity
296. Stanyaduṣti : Disorders of lactation
297. Sthānasamśraya : Stage of the manifestation of diseases
298. Sthāvara : Vegetable origin
299. Sthūla : Obese, Fatty

300. Sthaulya : Obesity
301. Sukumāra : Delicate body
302. Sukhoṣṇa : Pleasantly warm, luke warm
303. Śukra : Semen
304. Śukra Kṣaya : Loss of Semen
305. Sukṣama : Fine, minute
306. Supti : Loss of sensation in a part of the body
307. Surā : Wine
308. Suśruta : One of the main commentators of Āyurvedic Science after Caraka.
309. Svarabheda : Hoarseness of voice
310. Śawāsa : Breath, Asthama
311. Svedana : Perspiration, fomentation
312. Taila : Oil
313. Tāmasa : One of the three guṇās and Phase of activity in creation, one of the two Doṣās of Mana, (Mānasa Doṣa)
314. Tāpa Svedana : The application of dry heat to the body
315. Takra : Buttermilk with water
316. Tandrā : Drowsiness
317. Tarpaṇa : Nourishing, Satiety
318. Tikṣaṇa : Sharp
319. Timira : Darkness, Blackouts, Cataract
320. Tila Taila : Sesame oil
321. Triphalā : A laxative, combination of three drugs e.g Haritakī, Baherā & Āmalā
322. Trikatu : Combination of Śunthi, Marica, Pippalī
323. Triṣanā : Thirst
324. Triṣita : Thirsty
325. Tuvaraka : Cajanus indicus
326. Tvaka : Skin, outer layer
327. Udāna Vāyu : One of the types of Vāta Doṣa.
328. Udvartana : A type of therapeutic massage using powder instead of oil to reduce Medā Dhātu and excess Kapha.
329. Udara Roga : Diseases of G.I.T.
330. Unmāda : Insanity

331. Upanāha Sveda : Warm, medicated poultices
332. Upadrava : Complications of disease or procedure
333. Urasa : The chest
334. Ūrdhva Bhāga : Upper part of the body
335. Urustambha : A disease affecting low back and thighs
336. Urovasti : Medicated oils that are retained on the chest and heart area to reduce congestion
337. Uṣṇa : Warm, hot
338. Uṣṇodaka : Hot water
339. Uttama Bala - Excellent strength
340. Uttama mātrā : High dose
341. Uttara Vasti : Urethral enema, Vaginal enema
342. Utkleṣana Vasti : Administration of Vasti to promote secrections in the colon
343. Vāgabhaṭṭa : A prominent commentator of Āyurveda other than Caraka and Suśruta.
344. Vājikaraṇa : Producing Virility
345. Varṇa : Colour of skin
346. Varṣā : Rainy season
347. Vasanta : Spring season
348. Vasti : Enema
349. Vāta : One of the Tridoṣa
350. Vātarakta : A disease resembling Gout
351. Vātavyādhai : Diseases of nervous system / Neuro muscular disorders
352. Vaidya : An Āyurvedic physician
353. Vaiṣamya : Disturbed equilibrium of Doṣa & Dhātu in the body
354. Vājikaraṇa Vasti : A Vasti which promotes vigour, virility and vitality
355. Vamana : Therapeutic Vomiting, emesis
356. Vasā : Animal fat
357. Veda : A book Containing the knowledge of totality of life
358. Vīrya : Semen, Strength
359. Vegāvarodha : Supression of the natural urges
360. Vicāranā : Modes of application

361. Vida Lavaṇa : Salt obtained by fossils
362. Vidradhi : Abscess
363. Viṣapīta : One who has drunk poison.
364. Visūcikā : Cholera
365. Viṣyanadana : Dripping and over flowing
366. Viṣtambha : Undigested, Constipated
367. Vṛana Vasti : Filling of medicine in abscess
368. Vriddha : Increased
369. Vyādhi : Disease
370. Virecana : Therapeutic purgation
371. Vyakta : The fifth stage of disease manifestation
372. Yakrita : The liver
373. Yāpanā Vasti : A type of Vasti
374. Yava : Barley
375. Yavāgu : Rice gruel
376. Yaṣthimadhu : Glycyrrhiza glabra
377. Yoni : Vagina, Origin
378. Yogavasti : A type of Vasti according to number
379. Yonidoṣa : Disorders of female genital organs
380. Yuṣa : Soup of Pulses, vegetables

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